

Forms for Accident/Incident Recordkeeping and Reporting

U.S. Department of Transportation Federal Railroad Administration

Office of Safety

DOT/FRA/RRS-22

Revised: November 15, 1996

Effective: January 1, 1997

DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION (FRA)	ion R	RAILROAD	INJURY A	ND ILLNE	ESS SUMMARY			OMB Approval No.: 2130-050
1. Name of Reporting Railroad			2. Alpha	betic Code	3. Report Month & Ye	ear 4,	State Alphabetic Code	5. County
6. Name of Reporting Officer						1	7. Official Title	
8. Address							9. Telephone (Area C	Code) (Number)
10.								
Ι,					, being first du	ly swom,	do say upon my oatl	n that I
	(Name c	of Affiant)			64 11 11 4	· · ·		
am(Title of Office held by affi	, (iant)	of the railroad	aforesaid and a	s such office	er of the said railroad	n is my a	uty to have supervisi	on
over the record of reportable incidents	arising from t							ınd
to be carefully examined the annexed during the month named at the head o								
							nd belief.	
Subscribed and sworn to before			or the State and	County afor	esaid, this	_ day of		
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(Use an im-								
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pression seal)								
	y Public)				(Signa	ature of a	ffiant)	
	OPERATI	ONAL DATA &	ACCIDENT/IN	CIDENT CO	UNTS FOR REPORT	MONTH		
11. Freight Train Miles	12. Passenger	Train Miles		13. Yard Sv	witching Train Miles	•	14. Other Train Mil	es
15. Railroad Worker Hours	L	16. Passenger	Miles Operated	<u> </u>	17	. Number o	of Passengers Transporter	d
			•					
18. REPORTED	CASUALTIES			19.	NUMBE	R OF FRA	FORMS ATTACHE)
Type of Person		Fatal	Nonfatal	FRA Form 1	Number			Number Attached
Worker on duty - employee				6180.54				
Employees not on duty				6180.55a				
Passengers on trains				6180.56				
Nontrespassers/on railroad property				6180.57				
Trespassers				6180.81				
Worker on duty - contractor			•					
Contractor - other					· · · · · · · · · · · · · · · · · · ·		<u> </u>	
Worker on duty - volunteer								
Volunteer - other								
Nontrespassers/off railroad property		+						
Grand total								
 Remarks Section. Please describe operation passenger counts. 	al, environmenta	al, or other circur	nstances that acco	ant for unusua	d fluctuations in train mile	es operated	, employee hours, or	
panonger source		** ** * *****************************	*					
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6. Name of Reporting Officer						7. Official Title	
8. Address						9. Telephone (Area	Code) (Number)
10.	**************************************					······································	
I,					_, being first duly sw	vorn, do say upon my oat	h that I
am		of Affiant)	l aforesaid and a	s such officer of t	the said railroad it is r	ny duty to have supervis	ion
(Title of Office he		, 01 410 14111 0410				my duty to mire supervise	
over the record of reportable							and
to be carefully examined the during the month named at the	_		_				
Subscribed and sworn t	o before me, a notary	public in and f	or the State and	County aforesaid	l, this day	y of	
(Use an im-							
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pression seal)	(Notary Public)				(Signature	of officual)	
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11. Freight Train Miles		r Train Miles	& ACCIDENTAL	13. Yard Switchin		14. Other Train Mi	les
15. Railroad Worker Hours		116 P	-Mi- 0		Liza	l fr	.3
13. Railroad Worker Hours		16. Passenge	r Miles Operated		17. Num	nber of Passengers Transporte	ed .
18. REP	ORTED CASUALTIE	S		19.	NUMBER OF	FRA FORMS ATTACHE	D
Type of Person		Fatal	Nonfatal	FRA Form Numb	er .		Number Attached
Worker on duty - employee				6180.54	· · · · · · · · · · · · · · · · · · ·		
Employees not on duty				6180.55a			
Passengers on trains				6180.56			
Nontrespassers/on railroad property				6180.57			
Trespassers				6180.81			· · · · · · · · · · · · · · · · · · ·
Worker on duty - contractor				ļ			
Contractor - other				<u> </u>			
Worker on duty - volunteer							
Volunteer - other				ļ	······································		
Nontrespassers/off railroad property							
Grand total							
20. Remarks Section. Please describe passenger counts.	e operational, environme	ntal, or other circu	unstances that acco	unt for unusual fluct	tuations in train miles ope	erated, employee hours, or	
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8. Address					- 5	P. Telephone	(Area C	ode) (Number)
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	Name of Affiant)	~		, being first o	luiy swom,	10 say upon	my oau	i that i
am		ad aforesaid and	as such officer	r of the said railroa	d it is my du	ity to have s	upervisio	on
(Title of Office held by affiant)	o 4	0.4 14 14	• • • • •					_
over the record of reportable incidents arising to be carefully examined the annexed report i								nd
during the month named at the head of this sh							urring	
						d beines.		
Subscribed and sworn to before me, a n		I for the State and	i County afore	said, this	day of			
	· ·							
(Use an im-								
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pression seal)								
pression seal)(Notary Publi					nature of aff	îant)		
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pression seal) (Notary Public OP: 11. Freight Train Miles 12. Pa 15. Railroad Worker Hours	ssenger Train Miles 16. Passen		13. Yard Sw	UNTS FOR REPOR	7. Number of	14. Other 1	ansported	
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DEPARTMENT OF TRANSPORTATION FEDERAL RAILROAD ADMINISTRATION (FRA)

RAILROAD INJURY AND ILLNESS SUMMARY

OMB Approval No.: 2130-0500

1. Name of Reporting Railroad	2. Alph	nabetic Code	3. Report Month	& Year 4	1. State Alphabetic Code	5. County	
6. Name of Reporting Officer	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u> I </u>		7. Official Title	.1
8. Address		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				9. Telephone (Area Co	ode) (Number)
10.							
I,				, being firs	st duly swor	n, do say upon my oath	that I
	Name of Affiant)	1.0 :44	1 65				
am(Title of Office held by affiant)	, of the faire	oad aforesaid and a	as such officer	of the said railre	oad it is my	duty to have supervision	on
over the record of reportable incidents arising	from the operation	on of the said railro	oad, and that I	have caused to	be compiled	from the said record as	nđ
to be carefully examined the annexed report ir	n attached hardco	opy forms or magne	etic media or e	electronic submis	ssion of such	n incidents occurring	
during the month named at the head of this she							
Subscribed and sworn to before me, a no		ıd for the State and	i County afore	said, this	day of	ſ	
(Use an im-							
[L.S]							
pression seal)							
(Notary Public				······································	Signature of a		
		A & ACCIDENT/IN			RT MONTH		
	senger Train Miles		13. Yard Swi	itching Train Miles		14. Other Train Miles	
15. Railroad Worker Hours	16. Passer	enger Miles Operated			17. Number	of Passengers Transported	
18. REPORTED CASUAI	TIES	1 12	19.	NUM	BER OF FR	A FORMS ATTACHED	·
Type of Person	Fatal	Nonfatal	FRA Form Nu	umber			Number Attached
Worker on duty - employee			6180.54				
Employees not on duty			6180.55a				
Passengers on trains			6180.56				
Nontrespassers/on railroad property			6180.57				
Trespassers			6180.81				
Worker on duty - contractor							
Contractor - other							7
Worker on duty - volunteer							
Volunteer - other			1				
Nontrespassers/off railroad property					· · · · · · · · · · · · · · · · · · ·		
Grand total			 				
20. Remarks Section. Please describe operational, enviro	nmental, or other cir	rcumstances that acco	ount for unusual	fluctuations in train	miles operate	d, employee hours, or	
passenger counts.					-		

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DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION	(FRA)			···D IDDI\L	SS SCHINIARE		OMB Approval No.: 2130-05
1. Name of Reporting Railroad			2. Alpha	abetic Code	3. Report Month & Year	4. State Alphabetic Code	5. County
6. Name of Reporting Officer			— L			7. Official Title	
8. Address			-			9. Telephone (Area C	Code) (Number)
10.							
I,					, being first duly sw	orn, do say upon my oatl	h that I
a-ma		of Affiant)					
am(Title of Office held	, c d bv affiant)	of the railroad are	resaid and a	s such officer	of the said railroad it is m	1y duty to have supervisi	on
over the record of reportable in to be carefully examined the ar during the month named at the	ncidents arising from the nnexed report in attack the head of this sheet; and	hed hardcopy form d that the said rep	ms or magne port is true ar	etic media or e nd complete to	electronic submission of su o the best of my knowledg	uch incidents occurring ge and belief.	und
Subscribed and sworn to	before me, a notary pr , 19	ublic in and for th	ne State and	County afore:	said, this day	of	
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(Use an im-							
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pression seal)	(Notary Public)		~		(Signature d	of affiant)	
		ONAL DATA & A	CCIDENT/IN	CIDENT COU	NTS FOR REPORT MONT		
11. Freight Train Miles	12. Passenger T		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		tching Train Miles	14. Other Train Mile	
15. Railroad Worker Hours		16. Passenger Mil	les Operated	<u>L</u>	17. Numb	per of Passengers Transported	l
18 REPO	ORTED CASUALTIES	Marie Carrie		19.	NUMBER OF I	FRA FORMS ATTACHED	
Type of Person		Fatal	Nonfatal	FRA Form Nu			Number Attached
Worker on duty - employee				6180.54			Transcot a company
Employees not on duty				6180.55a			bart
Passengers on trains				6180.56			
Nontrespassers/on railroad property				6180.57			
Trespassers				6180.81			
Worker on duty - contractor				0.00.01			····
Contractor - other							
Worker on duty - volunteer							M
Volunteer - other							
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Nontrespassers/off railroad property Grand total			——				
Remarks Section. Please describe of passenger counts.	perational, environmental	, or other circumstar	nces that accou	int for unusual f	luctuations in train miles opera	ated, employee hours, or	
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FEDERAL RAILROAD ADMINISTRATION (FR 1. Name of Reporting Railroad			1 =	1 2 6 1	10 D		OMB Approval No.: 2130-0
1. Name of Reporting Railroad			2. Alpi	habetic Code	3. Report Month & Year	4. State Alphabetic Code	5. County
6. Name of Reporting Officer						7. Official Title	
8. Address						9. Telephone (Area	Code) (Number)
10.							
I,					, being first duly	sworn, do say upon my oat	th that I
am			and aforesaid and	as such office	or of the said railroad it i	is my duty to have supervis	ian
(Title of Office held by	affiant)						
over the record of reportable incide to be carefully examined the anne	lents arising from	the operation	n of the said railr	oad, and that	I have caused to be com	piled from the said record	and
during the month named at the he	ad of this sheet;	and that the s	aid report is true	and complete	to the best of my knowl	edge and belief.	
Subscribed and sworn to be						lay of	
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(Use an im-							
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pression seal)	otary Public)			-	(Signatu	re of affiant)	
		IONAL DAT.	A & ACCIDENT/I	NCIDENT CO	UNTS FOR REPORT MO		
ll. Freight Train Miles	12. Passenge				vitching Train Miles	14. Other Train Mi	les
15. Railroad Worker Hours		16. Passer	iger Miles Operated		I 17. N	umber of Passengers Transporte	d
18. REPORT	ED CASUALTIE	S		19.	NUMBER C	F FRA FORMS ATTACHE	D
Type of Person		Fatal	Nonfatal	FRA Form 1	Number		Number Attached
Worker on duty - employee				6180.54			50.000
Employees not on duty				6180.55a			
Passengers on trains			<u> </u>	6180.56	· · · · · · · · · · · · · · · · · · ·		
Nontrespassers/on railroad property				6180.57			
Frespassers				6180.81			
Worker on duty - contractor			ļ				
Contractor - other				1			
Worker on duty - volunteer				<u> </u>			
Volunteer - other				<u> </u>	***************************************		
Nontrespassers/off railroad property				_			
Grand total							
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			2. Alpha	beat Code	3. Report Month & Teat	4. State Alphabetic Code	3. County
6. Name of Reporting Officer						7. Official Title	
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am(Title of Office h		i ule failfoau	atoresaid and a	s such officer	of the said ratiroad it is	my duty to nave supervis	ion
over the record of reportable		ne operation of	f the said railro	ad, and that I l	nave caused to be comp	iled from the said record :	and
to be carefully examined the							
during the month named at t	the head of this sheet; and	that the said	report is true ar	nd complete to	the best of my knowled	ige and belief.	
Subscribed and sworn	to before me, a notary p	ablic in and fo	r the State and	County afores	aid, this da	y of	
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(Use an im-							
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pression seal)							
pression sear)	(Notary Public)				(Signature	of affiant)	
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Freight Train Miles	12. Passenger T		ACCEPTATION.		ching Train Miles	14. Other Train Mil	es
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5. Railroad Worker Hours		16. Passenger	Miles Operated		17. Nu	mber of Passengers Transporter	d
8. RE	PORTED CASUALTIES			19.	NUMBER OF	FRA FORMS ATTACHE	D
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Contractor - other				#			
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Worker on duty - volunteer							
Worker on duty - volunteer Volunteer - other							
Worker on duty - volunteer Volunteer - other							
Worker on duty - volunteer /olunteer - other Nontrespassers/off railroad property Grand total	be operational, environmental	, or other circum	istances that accou	unt for unusual fl	uctuations in train miles op	erated, employee hours, or	
Worker on duty - volunteer Volunteer - other Nontrespassers/off railroad property Grand total 20. Remarks Section. Please describ	be operational, environmental	, or other circum	istances that accou	unt for unusual fl	uctuations in train miles op	erated, employee hours, or	
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DEPARTMENT OF TRANSPORTATION

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10.								
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(Title of Office held by aff					or allo suro ruin	July 10 111 y	and to have supervised	
over the record of reportable incidents to be carefully examined the annexed								nd
during the month named at the head of								
Subscribed and sworn to before	me, a notary n	ublic in and for t	he State and	County afore	said this	day of		
	,							
(Use an im-								
[L.S]					•			
pression seal)	D 11: 1	·	_					
(Nota)	y Public)					ignature of a	iffiant)	
11. Freight Train Miles	12. Passenger	ONAL DATA & A Train Miles	CCIDENT/IN		itching Train Miles	RI MONIH	14. Other Train Mile	s
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15. Railroad Worker Hours		16. Passenger M	iles Operated			17. Number	of Passengers Transported	
18. REPORTED	CASUALTIES			19.	NUM	BER OF FR	A FORMS ATTACHED	
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Grand total								
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passenger counts.								
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DEPARTMENT OF TRANSPORTATION FEDERAL RAILROAD ADMINISTRATION (FRA)

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ILROAD INJURY AND ILLNESS SUMMARY	OMB Approval No.: 2130-0500

1. Name of Reporting Railroad			2. Alpha	betic Code	3. Report Month	& Year 4	State Alphabetic Co	de	5. County	
6. Name of Reporting Officer		, r. <u></u>			1		7. Official Title	1		
8. Address		-= -;-					9. Telephone (Ar	ea Coo	de) (Number)	
I,	(Name d	f Affiant)			, being first	t duly sworr	ı, do say upon my	oath 1	that I	
am	ant) sarising from t report in attacl f this sheet; an me, a notary p	of the railroad afor the operation of the med hardcopy for that the said republic in and for the	ne said railro ms or magne port is true ar	ad, and that I tic media or nd complete t	I have caused to be electronic submisto the best of my	oe compiled sion of such knowledge	incidents occurri and belief.	ord an		
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pression seal) Notar	y Public)		-		(S	ignature of a	affiant)			
	·	ONAL DATA & A	CCIDENT/IN	CIDENT CO						
11. Freight Train Miles	OF ERATIONAL DATA & ACCIDENTIFICIBLE TO COUNTS FOR REPORT MONTH							14. Other Train Miles		
15. Railroad Worker Hours		16. Passenger Mi	les Operated			17. Number	of Passengers Transp	orted		
18. REPORTED	CASUALTIES	.; .		19	NUM	BER OF FR	A FORMS ATTAC	HED		
Type of Person		Fatal	Nonfatal	FRA Form N	lumber				Number Attached	
Worker on duty - employee				6180.54						
Employees not on duty				6180.55a						
Passengers on trains				6180.56						
Nontrespassers/on railroad property				6180.57						
Trespassers			· · · · · · · · · · · · · · · · · · ·	6180.81						
Worker on duty - contractor				 						
Contractor - other										
Worker on duty - volunteer										
Volunteer - other										
Nontrespassers/off railroad property										
Grand total						·				
 Remarks Section. Please describe operation passenger counts. 	nal, environmenta	l, or other circumsta	ances that acco	unt for unusual	fluctuations in train	miles operate	d, employee hours, o	r		

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EDERAL RAILROAD ADMINISTRATION (FRA) 1. Name of Reporting Railroad		2 Almho	abetic Code	3. Report Month &	ear 4 S	tate Alphabetic Code	OMB Approval No.: 2130
1. Name of Reporting Ramoad		2. 74014		3. Report Monar &	"	one ruprimo oco	J. 30 may
6. Name of Reporting Officer					7	. Official Title	
8. Address				a van de de la companya de de la companya de de la companya de la companya de la companya de la companya de la	9	Telephone (Area C	Code) (Number)
10.					L		
I,				, being first d	ulv sworn.	do say upon my oat	h that I
	(Name of Affiar	nt)		,	,	<i>y</i> . <i>y</i>	
		ailroad aforesaid and a	s such office	r of the said railroad	it is my du	ity to have supervis	ion
(Title of Office held by affian over the record of reportable incidents a		ation of the said sails	ad and that	I have caused to be	compiled fr	om the said record :	and
to be carefully examined the annexed re							
during the month named at the head of t							
Subscribed and sworn to before m	ne, a notary public ir 19	and for the State and	County afor	esaid, this	_ day of		
· · · · · · · · · · · · · · · · · · ·	•						
(Use an im-							
[L.S]							
pression seal)							
(Notary	Public)			(Sigr	ature of af	fiant)	· · · · · · · · · · · · · · · · · · ·
	147 + 111 1 + 41 110.04	DATA & ACCIDENT/IN	ICIDENT CO	UNTS FOR REPORT	MONTH		
11. Freight Train Miles	12. Passenger Train Mi	les	13. Yard Sv	vitching Train Miles		14. Other Train Mi	es
15. Railroad Worker Hours	16. P	assenger Miles Operated	1	1	7. Number of	Passengers Transporte	d
18. REPORTED C	ASUALTIES		19.	NUMBI	R OF FRA	FORMS ATTACHE	
Type of Person	Fatal	Nonfatal	FRA Form				Number Attached
Worker on duty - employee			6180.54				
Employees not on duty			6180.55a				
Passengers on trains			6180.56				
Nontrespassers/on railroad property			6180.57				
Trespassers		· ·	6180.81				
Worker on duty - contractor							
Contractor - other			1				
Worker on duty - volunteer	<u> </u>		†				
Volunteer - other			1				···
Nontrespassers/off railroad property			<u> </u>				
Grand total			┪				W
20. Remarks Section. Please describe operationa	1 environmental or at-	er circumstances that con-	unt for proper	d fluctuations in train -	iles operated	employee hours or	
passenger counts.	i, city i officiality, or our	or encuistances that acce	ount for unusua	i nociosciolo il cani il	nes operated,	omployee nous, or	
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EDERAL RAILROAD ADMINISTRATION (FRA)		-	2 Alabah	etic Code	3. Report Month &	Year 4 St	ate Alphabetic Code	OMB Approval No.: 2130
I. Name of Reporting Railroad			2. Alphab	etic Code	 κεροπ Month & 	rear 4. Str	re Wibuspene Code	J. County
5. Name of Reporting Officer			, L			7.	Official Title	
. Address				<u> </u>		9.	Telephone (Area	(Number)
0.	-					l		
I,	(Name o	f Afficant)			, being first	duly sworn, d	o say upon my o	ath that I
am			l aforesaid and as	such officer	of the said railro	ıd it is my dut	y to have superv	ision
(Title of Office held by affia	nt)							
over the record of reportable incidents a								
to be carefully examined the annexed re during the month named at the head of								3
Subscribed and sworn to before m			or the State and (County afore	said, this	day of		
,	19	. •						
(Use an im-								
[L.S]								
pression seal)	D 11: 1							
(Notary				ورو ورد		gnature of affi	ant)	
11. Freight Train Miles	OPERATIO 12. Passenger 7		& ACCIDENT/INC		NTS FOR REPOR	T MONTH	14. Other Train I	Ailes
11. Height Hall Miles	12. I ussenger 1	Tuni Miles		13. 144 5	Time Time			
15. Railroad Worker Hours		16. Passenge	er Miles Operated	•		17. Number of	Passengers Transpo	ted
18. REPORTED C	ASUALTIES			19.	NUMI	IER OF FRA I	ORMS ATTACH	ED
Type of Person		Fatal	Nonfatal	FRA Form N	umber			Number Attached
Worker on duty - employee				6180.54				
Employees not on duty				6180.55a				
Passengers on trains				6180.56				
Nontrespassers/on railroad property				6180.57				
Trespassers				6180.81		· · · · · · · · · · · · · · · · · · ·		
Worker on duty - contractor		·						
Contractor - other			······································					
Worker on duty - volunteer								
Volunteer - other	···				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Nontrespassers/off railroad property								
Grand total								
20. Remarks Section. Please describe operationa	l, environmenta	l, or other circu	ımstances that accou	int for unusual	fluctuations in train	miles operated,	employee hours, or	
passenger counts.								
								
								· · · · ·



DEPARTMENT OF TRANSPORTATION FEDERAL RAILROAD ADMINISTRATION (FRA)

1. Name of Reporting Railroad			2. Alp	habetic Code	3. Report Mont	L & Vaor 1	State Alphabetic Code	OMB Approval No.: 2130
6. Name of Reporting Officer					J. Report Mon	ince read 4.	State Alphabetic Code	5. County
							7. Official Title	
8. Address		·		·			9. Telephone (Area (Code) (Number)
10.								
I,					, being fir	st duly swom	, do say upon my oati	L al a Y
I,am	(Nan	ne of Affiant)						
(Title of Office held	l by affiant)	_, of the railro					luty to have supervisi	
over the record of reportable in	cidents arising fro	m the operation	n of the said rail:	road, and that	have caused to	be compiled f	rom the said record	and
the state of the s	micycu icholf ili ai	tached naracor	N torms or man	setic medic ce				und
and monat named at the	nead of this sheet;	and that the sa	and report is true	and complete	to the best of my	knowledge a	nd belief.	
Subscribed and sworn to	before me, a notar	y public in and	I for the State and	d County afore	said, this	day of		
	, 19	·						
(Use an im-								
[L.S]								
pression seal)								
• • • • • • • • • • • • • • • • • • • •	(Notary Public)							
		TIONAL DATA	& ACCIDENT/II	ICIDENT COL		ignature of af	fiant)	
11. Freight Train Miles	12. Passeng	er Train Miles	& ACCIDENTAL	13. Yard Swi	tching Train Miles	RT MONTH	14. Other Train Mile	
15. Railroad Worker Hours							14. Other Train Mile	S
15. Ramoad Worker Hours		16. Passeng	er Miles Operated			17. Number of	Passengers Transported	
REPOI	RTED CASUALTIE	s		19.	NUMBE			
Type of Person		Fatal	Nonfatal	FRA Form Nu		BER OF FRA	FORMS ATTACHED	
Worker on duty - employee		· · · · · · · · · · · · · · · · · · ·		6180.54	uttoer			Number Attached
Employees not on duty				6180.55a				
assengers on trains			L	6180.56				
lontrespassers/on railroad property				6180.57				
respassers	"			6180.81	· · · · · · · · · · · · · · · · · · ·			
Vorker on duty - contractor				0100.01				
ontractor - other								
orker on duty - volunteer			-					
olunteer - other								
ontrespassers/off railroad property							-	
Grand total								
). Remarks Section. Please describe oper	erational, environmen	tal, or other circu	mstances that accou	II Int for unusual fla	actuations in train	il1		
passenger counts.				- Tot William II	accuations in train i	illies operated, e	mployee hours, or	
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RAILROAD INJURY AND ILLNESS SUMMARY

DEPARTMENT OF TRANSPORTATION FEDERAL RAILROAD ADMINISTRATION (FRA)

(Continuation Sheet)

SHEET OF OMB Approval No.: 2130-0500

1. Name of Repo	rting Railroad					2. Alphabetic (Code	3. Report Monti	1	Report Year
		l st	les.						5e. 5f	5
Sa. Accident/Injury I	Jumber	Sb. Day	5c. Time of Day	5d, County					State Ty	/pe Sg. /pe Age srson/ b Code
5h. Drug/ Alcohol Test	5i. Injury Illness Code	5j. Physical Act	5k Location	5L Event	5m. Result	5n. Cause	50. Number of Days Away From Work	5p Number of Days Restricted	5q. Exposure to Hazmat	5r. Termination or Permanent Transfer? (y/n)
5s. Narrative (U	Jp to 250 Charac	ters)								
									11 - 11 2 × 11 × 12 × 13 × 14 × 15 × 15 × 15 × 15 × 15 × 15 × 15	
5a. Accident/Injury 1	Tumber	5b. Day		5d. County					· Pe	r. 5g. ype Age erson/ ob Code
5h. Drug/ Alcohol Test	5i. Injury Iliness Code	5j. Physical Act	5k. Location	Si. Event	Sm. Result	5n. Cause	50. Number of Days Away From Work	5p Number of Days Restricted	5q. Exposure to Hazmat	5r, Termination or Permanent Transfer? (y/n)
5s. Narrative (U	Jp to 250 Charac	eters)								
									and the second section of the section of th	
5a. Accident/Injury I	Vumber	5b. Day	Sc. Time of Day	5d. County					State T	f. Sg. ype Age erson/ ib Code
5h. Drug/ Alcohol Test	5i. Injury Illness Code	Sj. Physical Act	5k. Location	51. Event	5m. Result	5n. Cause	50. Number of Days Away From Work	5p Number of Days Restricted	5q. Exposure to Hazmat	5r, Termination or Permanent Transfer? (y/n)
5s. Narrative (I	Jp to 250 Charac	cters)								200
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RAILROAD INJURY AND ILLNESS SUMMARY SHEET OF OMB Approval No.: 2130-0500 DEPARTMENT OF TRANSPORTATION (Continuation Sheet) FEDERAL RAILROAD ADMINISTRATION (FRA) 2. Alphabetic Code 3. Report Month 4. Report Year 1 Name of Reporting Railroad 5f. Type Person/ Job Code 5a. Accident/Injury Number 5b. Day 5c. Time 5d. 5e. State 5g. Age County of Day **5h.** Drug/ Alcohol Test 5q. Exposure to Hazmat 5j. Physical Act 51. Event 5m. Result 5n. Cause 50. Number of 5p Number of 5r. Termination or Injury Illness Code Location Days Away From Work Permanent Transfer? (y/n) Days Restricted 5s. Narrative (Up to 250 Characters)

5a. Accident/Injury Nun	nber	5b. Day	Sc. Turne of Day	5d. County						State	5f. Type Person/ Job Code	5g. Age	
Drug/ II Alcohol Test II	i. njury liness Oode	5j. Physical Act	Sk. Locatio		SL Event	Sm. Result	5n. Cause	50. Number of Days Away From Work	5p Number of Days Restricted	5q. Exposure Hazmat	to	5r. Termination Permanent Transfer? (1
5s. Narrative (Up t	o 250 Charac	etera)											

5a. Accident/Injury N	umber	5b. Day	Sc. Time of Day	5d. County		: : : : : : : : : : : : : : : : : : :				State	Type Person/ Iob Coc	Sg. Age
5h. Drug/ Alcohol Test	5i. Injury Illness Code	5j. Physical Act	5k. Locatio		5I. Bvent	5m. Result	5n. Cause	50. Number of Days Away From Work	5p Number of Days Restricted	5 q. Exposure Hazmat	to	5r. Termination of Permanent Transfer? (y/n
5s. Narrative (U	o to 250 Charac	ters)										
								,				

RAILROAD INJURY AND ILLNESS SUMMARY

EDERAL RAILRO	AD ADMINISTR	ATION (FRA)	ION		(Continuation She	et)				OMB Ap	proval No.: 2130-0
1. Name of Reporting Reilroad					2. Alphabetic (Code	3 Report Mon	th	4. Report Year		
					· · · · · · · · · · · · · · · · · · ·						
5a. Accident/Injury I	Number	5b. Day	5c. Time of Day	Sd. County					5e. State	5f. Type Person/ Job Cod	5g. Age
5h. Drug/ Alcohol Test	5i. Injury Illness Code	5j. Physical Act	5k Locatio	n Si. Event	5m. Result	5n. Cause	50. Number of Days Away From Work	5p Number of Days Restricted	5q. Exposure Hazmat	to	5r. Termination or Permanent Transfer? (y/n)
s. Narrative (U	Jp to 250 Charac	cters)					Toll Mar.	Restricted			Traision (ym)
a. .ccident/Injury l	Number	5b. Day	5c.	5d. County					Se. State	Sf. Type Person/	5g. Age
			of Day							Job Cod	
5h. Orug/ Alcohol Test	5i. Injury Illness Code	5j. Physical Act	5k. Locatio	SI. Event	Sm. Result	5n. Cause	50. Number of Days Away From Work	5p Number of Days Restricted	5q. Exposure Hazmat	to	5r. Termination or Permanent Transfer? (y/n)
s. Narrative (T	Up to 250 Charac	eters)									
a.	Number	5b. Day	Sc.	5d.					5e. Stato	5f. Type	5g. Age
			of Day							Person/ Job Cod	
h. Prug/ Ucohol Test	5i. Injury Illness Code	5j. Physical Aot	Sk. Locatio	SI. n Event	5m. Result	Sn. Cause	50. Number of Days Away From Work	5p Number of Days Restricted	5q. Exposure Hazmat	to .	5r. Termination or Permanent Transfer? (y/n)
is. Narrative (I	Jp to 250 Charac	cters)									

FORM FRA F 6180.55a



Accorded Items Days Away Days Days Away Days Days Away Days Days Away Days Days Days Days Days Away Days Days Away Days Days	SHEET OF OMB Approval No.: 2130-05
Accident/Injury Number Day Time County State	4. Report Year
Accident/Injury Number Day Time of Day State State	
Accident/Injury Number St. St.	Sf. Sg. Type Age Person/ Job Code
Accident/Injury Number St. Sc. Sd. St. Sm. Sn. So. Sn. Sn.	
Sa. Accident/Injury Number Sb. Sc. Sd. State	q 5r. Exposure to Termination or Permanent Transfer? (y/n)
Accident/Injury Number Day Time of Day County of Day	
Accident/Injury Number Day Time of Day County of Day	
Alcohol Test Illness Code Illness Code From Work Restricted Sa. Narrative (Up to 250 Characters) 5a. Sc. Sc. Sd. Sc. Sc. Sc. Sc. Sc. State State State State State State	Sf. Sg. c Type Age Person/ Job Code
Alcohol Test Illness Code Illness Code From Work Restricted Sa. Narrative (Up to 250 Characters) 5a. Sc. Sc. Sd. Sc. Sc. Sc. Sc. Sc. State State State State State State	
Sa. Sb. Sc. Sd. Se. Accident/Injury Number Day Time County State	q. 5r. Exposure to Termination or Permanent Transfer? (y/n)
Accident/Injury Number Day Time County State	
Accident/Injury Number Day Time County State	
	o Sf. Sg. Type Age Person/ Job Code
5h. 5i. 5j. 5k. 5l. 5m. 5n. 5o. 5p. 5q. Drug/ Alcohol Test Injury Iliness Code Physical Act Location Location Event Result Result Cause Cause Number of Days Away From Work Number of Days Restricted Days From Work	q. 5r. xposure to Termination or lazmat Permanent Transfer? (y/n)
5s. Narrative (Up to 250 Characters)	

DEPARTME FEDERAL RAILE	ENT OF TRAN	NSPORTA ATION (FRA)	TION	AILROAD II	NJURY AND I		SUMI	MARY			SHEET OMB Appr	OFOF
1 Name of Rep	porting Railroad					2. Alp	phabetic Co	xde	3 Report Mon	<i>t</i> h	4 Report	
5a		5b.	5c	5d. 188. 3 80. 3						. 5c.	Sf.	5g.
Accident/Injury	Number	Day	Time of Day	County						State	Type Person/ Job Code	Age
5h. Drug/ Alcohol Test	5i. Injury Illness Code	5j. Physical Act	Sk. Locatio	on SI. Event	5m. Result	5n. Cause		50. Number of Days Away From Work	5p Number of Days Restricted	5q. Exposure Hazmat	to I	5r. Termination or Permanent Transfer? (y/n)
5s. Narrative (1	(Up to 250 Charac	cters)										
5a. Accident/Injury I	Number	5b. Day	5c. Time of Day	5d. County						State	Sf. Type Person/ Job Code	5g. Age
5h. Drug/ Alcohol Test	5i. Injury Illness Code	5j. Physical Act	5k. Location	on St. Event	Sm. Result	5n. Cause		50. Number of Days Away From Work	Sp Number of Days Restricted	5q. Exposure Hazmat	P	5r. Fermination or Permanent Fransfer? (y/n)
5s. Narrative (U	Up to 250 Charact	ters)										
									MINISTER .			
5a. Accident/Injury N	Number	5b. Day	5c. Time of Day	5d. County						State	5f. Type Person/ Job Code	5g. Age
5h. Drug/ Alcohol Test	5i. Injury Illness Code	5j. Physical Act	5k. Location	1	5m. Result	5n. Cause		50. Number of Days Away From Work	5p Number of Days Restricted	5q. Exposure t Hazmat	P	or. Fermination or Fermanent Fransfer? (y/n)
5s. Narrative (U	Up to 250 Charact	ters)										

FORM FRA F 6180.55a

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RAILROAD INJURY AND ILLNESS SUMMARY DEPARTMENT OF TRANSPORTATION SHEET OF (Continuation Sheet) OMB Approval No.: 2130-0500 FEDERAL RAILROAD ADMINISTRATION (FRA) 1. Name of Reporting Railroad 2. Alphabetic Code 3. Report Month 4 Report Year 5a. Accident/Injury Number 5d. County 5b. Day 5c. Time 5f. Type Person/ Job Code 5e. State 5g. Age of Day 5h. Drug/ Alcohol Test 5k. Location 5m. Result 5n. Cause 5j. Physical 5I. 5e. Number of 5p Number of 5q. Exposure to Hazmat Injury Illness Termination or Event Act Days Away From Work Days Restricted Permanent Code Transfer? (y/n) 5s. Narrative (Up to 250 Characters) 5b. Day 5d. County Se. State Accident/Injury Number Time Type Person/ of Day Job Code 50. Number of Days Away From Work Sp Number of Days Restricted 5h. 5k. Location 5i. 5j. Physical 51. 5n. Cause 5m. Drug/ Alcohol Test Injury Event Result Exposure to Termination or Hazmat Permanent Transfer? (y/n) Code 5s. Narrative (Up to 250 Characters) 5a. 5b. 5c. 5d.

Accident/Injury I	Number	Day	Time of Day	County					State	Type Person/ Job Code	Age
5h. Drug/ Alcohol Test	5i. Injury Illness Code	5j. Physical Act	5k. Location	SI. Bvent	5m. Result	Str. Cause	50. Number of Days Away From Work	5p Number of Days Restricted	5q. Exposum Hazmat	Per	mination or manent nater? (y/n)
5s. Narrative ((Jp to 250 Chara	cters)									
ORM FRA F 6180.	***										

RAILROAD INJURY AND ILLNESS SUMMARY

DEPARTME! FEDERAL RAILRO	NT OF TRAI	NSPORTA' LATION (FRA)	TION	MILIA	(C	Continuation Shee		IMARI			SHEET OMB Appro	OFOF
1 Name of Repo	orting Railroad						2. Alphabetic C	Code	3 Report Mon	ntk	4. Report	
					,	<u> </u>			<u></u>			
5a. Accident/Injury I	Number	Sb. Day	5c. Tune of Day	5d. Count	y					31 - Basisa, wil-	5f. Type Person/ Job Code	Sg. Age
5h.	1		T #1.									
5n. Drug/ Alcohol Test	5i. Injury Iliness Code	5j. Physical Act	5k Locati	on	SI. Event	5m. Result	Sn. Cause	50. Number of Days Away From Work	5p Number of Days Restricted	5q. Exposure t Hazmat	P	Sr. Termination or Permanent Transfer? (y/n)
5s. Narrative (L	Up to 250 Chara	cters)										
5a.		l gr	Legal.	Uga .								
Sa. Accident/Injury N	√umber	5b. Day	5c. Time of Day	5d. Count	ty					State	5f. Type Person/ Job Code	5g. Age
5h.	5i.	Si .	5k.		51.	5m.	5n.		<u> </u>		l.s	
Drug/ Alcohol Test	Injury Illness Code	5j. Physical Act	Location	on	Event	Sm. Result	Sn. Cause	50. Number of Days Away From Work	5p Number of Days Restricted		Pe	Fr. Fermination or Permanent Fransfer? (y/n)
5s. Narrative (U	Jp to 250 Charac	cters)										
5a. Accident/Injury N	lumber	5b. Day	Sc. Time of Day	5d. County	у					State	5f. Type Person/ Job Code	5g. Age
5h. Drug/	5i. Injury	5j. Physical	5k. Locatio		5l. Event	5m. Result	5n. Cause	50. Number of	5p Number of	5q. Exposure to	5r	
Alcohol Test	Illness Code	Aot		-	Brone	Result	CRUSE	Days Away From Work	Days Restricted	Hazmat	Pe	ermination or ermanent ransfer? (y/n)
5s. Narrative (Up	Jp to 250 Charac	iters)										

FORM FRA F 6180.55a

RAILROAD INJURY AND ILLNESS SUMMARY

DEPARTMENT OF TRANSPORTATION FEDERAL RAILROAD ADMINISTRATION (FRA)

(Continuation Sheet)

SHEET	OF
OMB Approva	No.: 2130-0500

1. Name of Rep	orting Railroad						2. Alphabetic (lode	3. Report Mon	86	4. Rep	ort Year	
			1 pp - 100000 1000 1									,	
5a. Accident/Injury	Number	Sb. Day	5c. Time of Day	5d. Count	у					Se. State	Sf. Type Person/ Job Cod	73.0	5g. Age
5h. Drug/ Alcohol Test	5i. Injury Illness Code	5j. Physical Act	5k. Locati	ori	SI. Event	5m. Result	5n. Cause	50. Number of Days Away From Work	5p Number of Deys Restricted	5q. Exposure Hazmet	to	5r. Termina Permane Transfer	
5s. Narrative (U	Up to 250 Chara	cters)											
5a. Accident/Injury I	Number	5b. Day	Sc. Time of Day	5d. Gount	y					Se. State	5f. Type Person/ Job Cod	A	ig. \ge
5h. Drug/ Alcohol Test	5i. Injury Iliness Code	5j. Physical Act	5k. Locati	on	SL Event	Sm. Result	5n. Cause	50. Number of Days Away From Work	Sp Number of Days Restricted	5q. Exposure Hazmat	to	5r. Termina Permane Transfer	ent
5s. Narrative (U	jp to 250 Charac	ters)											
5a. Accident/Injury N	Jumbor	5b. Day	5c. Time of Day	5d. County						Se. State	5f. Type Person/ Job Code	. 1 Hassil	g. ge
5h. Drug/ Alcohol Test	5i. Injury Illness Code	5j. Physical Act	5k. Locatic	m.	51. Bvent	5m. Result	5n. Cause	50. Number of Days Away From Work	5p Number of Days Restricted	5q. Exposure Hazmat	: 4	5r. Terminat Permane: Transfer	nt
5s. Narrative (U	p to 250 Charac	ters)											
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RAILROAD INJURY AND ILLNESS SUMMARY

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

(Continuation Sheet)

1. Name of Reporting Railroad

2. Alphabetic Code
3. Report Month
4. Report Year

5h. 5i. 5j. Injury Pr. Alcohol Test Blness A. Code 5s. Narrative (Up to 250 Characters 5a. 5b. Accident/Injury Number Da	5j. Physical Act Sb. Sc. Day Tim	5k Location	Si. Event	Sm. Result	5n. Cause	50. Number of Days Away From Work		Sq. Exposure Hazmat	Sf. Type Person/ Job Code Sr. to Te Pe	5g. Age
5s. Narrative (Up to 250 Characters 5a. 5h Accident/Injury Number 5a	Sb. Sc.	Location	St. Event	5m. Result	5n. Cause	Number of Days Away	Days	Sq. Exposure Hazmat	to Te	ermination or
Accident/Injury Number Da	5b. 5c.									
Accident/Injury Number Da	Day Tim									
5h. 5i. 5j.	시 요 기술에 문제	me 5d. County Day	y					State	5f. Type Person/	5g. Age
Sh. 5i. 5j. Drug/ injury Ph Alcohol Test Illness Ac Code	Sj. Physical Act	5k. Location	SI. Event	5m. Result	5n: Cause	50. Number of Days Away From Work	Sp Number of Days Restricted	Sq. Exposure t Hazmat	Job Code 5r. to Fe	rmination or rmanent ansfer? (y/n)
5s. Narrative (Up to 250 Characters)	1)									
5a. 5b Accident/Injury Number Da	ib. Sc. Tim of D	ne 5d. County Day	,					State	5f: Type Person/ Job Code	Sg. Age
5h. Si. Sj. Drug/ Injury Ph Alcohol Test Iliness Ac Code	il. hysical cot	5k. Location	51. Event		5n. Cause	50. Number of Days Away From Work	5p Number of Days Restricted	5q. Exposure to Hazmat	5r.	rmination or rmanent susfer? (y/n)
5s. Narrative (Up to 250 Characters))									

FORM FRA F 6180.55a

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as taken as a	an inna sa a sa a sa	, typ, ingressor , loss to	4	4.44	4.50 1 111 7		er alsas er ast Salassa i	M '2	an are a section of	racia.			, p. o	No.: 2130-05
1. Name of Re	porting Railroad							2. Alphabet	tic Code	3. Report Mor	eth	4. Rep	ort Yes	ď
5a. Accident/Injury	Number	Sb. Day	5c. Tur of I		5d. Count	y					Se. State	5f. Type Person/ Job Coo		5g. Age
5h. Drug/ Alcohol Test	Si. Injury Iliness Code	5j. Physical Act		5k. Location		51. Event	5m. Result	Sn. Cause	50. Number of Days Away From Work	5p Number of Days Restricted	Sq. Exposure Hazmat	• to	Perm	ination or anent ifer? (y/n)
Da. Marative	Up to 250 Chare	cters)											<u> </u>	
5a. Accident/Injury		Sb. Day	Sc. Tim		5d. Count	у					Se. State	5f. Type Person/		5g. Age
5a. Accident/Injury		5b	Tim		5d. Count	у						Туре		
5a.		5b	Tim		Count	y Si. Event	Sm. Result	Sn. Cause	50. Number of Daya Away From Work	Sp Number of Days Restricted		Type Person/ Job Cod	5r. Termi Perma	
5a. Accident/Injury 5h. Drug/ Alcohol Test	Number Si. Injury Illness	5b. Day 5j. Physical Act	Tim	ay 5k.	Count	SI.	Sm.		Number of Days Away	Number of Days	State 5q. Exposure Hazmat	Type Person/ Job Cod	5r. Termi Perma	Age ination or anent
5a. Accident/Injury 5h. Drug/ Alcohol Test	Number 5i. Injury Illness Code	5b. Day 5j. Physical Act	Tim	ay 5k.	Count	SI.	Sm.		Number of Days Away	Number of Days	State 5q. Exposure Hazmat	Type Person/ Job Cod	5r. Termi Perma	Age ination or anent

		1 1				***************************************			ob Code	
5h. 5i. Drug/ Inju Alcohol Test Illin Cod	55	5j. Physical Act	5k. Location	5m. Result	5n. Cause	50. Number of Days Away From Work	5p Number of Days Restricted	5q. Exposure to Hazmat]	5r. Termination or Permanent Transfer? (y/n)
5s. Narrative (Up to 2	50 Charac	ters)								

FORM FRA F 6180.55a

DEPARTMENT OF TRANSPORTATION FEDERAL RAILROAD ADMINISTRATION (FRA)

	DMINDITOTIO	N (I IOA)												0	MB Approval	No.: 2130-0500
1. Name of Reporting Ra	ilroad							la. Alph	abetic (Code			1b. Railre	oad Accident/	Incident No.	
2. Name of Other Railros	ad Involved in Tra	in Accident	/Incident					2a. Alph	abetic (Code			2b. Railro	oad Accident/	Incident No.	
3. Name of Railroad Re	sponsible for Tra	ck Mainten	nance (single e	entry)				3a. Alph	abetic (Code			3b. Railro	oad Accident/I	incident No.	
4. U. S. DOT-AAR Grade	e Crossing Identifi	ication Num	iber					5. Date o		dent/Incident day	year		6. Time o	of Accident/Inc		
								<u> </u>			$\perp \perp$		l	A	м 🗀	PM L
7. Type of Accident/ Incident (single entry in code box)		ulment d on collision end collisio	n	Side collision Raking collis Broken train	ision			ail crossing ide crossing ction		11. Fit	xplosion-detona re/violent ruptu ther impacts		1	13. Other (describe narrative		Code
8. Cars Carrying HAZMAT		9. HAZM Damag	MAT Cars ged/	U. Dicker	10. Can	rs Releasing ZMAT		cuoi.	11.	. People Evacuated	Net Impace		12. Divin		<u> </u>	<u> </u>
13. Nearest		Deraile	ed .			lepost (to		15. St		Code	16. County					
City/ Town		T		-	near tenti	th)			bbr.							
17. Temperature (F) (specify if minus)	° F	18. Visibi 1. Da 2. Da	awn 3. Dusk	k	Code	1. CI	ather <i>(singl</i> Jear Joudy	le entry) 3. Rain 4. Fog		5. Sleet 6. Snow	Cod	•	20. Type 1. Ma 2. Yau	in 3. Sid		Code
21. Track Name/		L			22. FRA Tra		. Code			al Track				Table Direction		Code
Number					Class (1-		=	,		ty (gross tons			1. Not 2. Sou	rth 3.	n East West	Cour
25. Type of Equipment Consist	Freight trair Passenger tr			7. Yard/switchin 8. Light loco(s)			Code	26.		Equipment	Cod	e	27. Train	Number/Symt	ool	
(single entry) 28. Speed (recorded spe	3. Commuter t		Cut of care	9. Maint./inspecthod(s) of Operat	ect. car	ter code(s) t	-1 omphi)		Attend 1. Yes							
<i>if available)</i> R - Recorded		1	a. A? b. At	TCS uto train control	g. a	Automatic I Current of t	block traffic	r		cial instructions or than main tracl	k rules	o. Oti	her (speci	ify in narrativ	e)	
E - Estimated	МРН			uto train stop ab signals		Time table/t Track warra			i				Code(s	1)		
excluding power units) excluding power units)						Direct traffi								Ť		
						Yard limits	· I andad	//mol		20 16		*****				
		M. Direc	and Mminer	U. Posiço	n in irau	<u> </u>	c. Loaded	(yes/no)			lroad employee. m reporting	s testea	for drug or			
(1) First Involved (derailed, struck, etc.)										manual.		\vdash		Code	(s)	[
(2) Causing (if mecha cause reported)	mical,			+						33. Was this o	consist transpor	ting pa	ssengers? (y	//n)		1
34. Locomotive Units		a. Head	Mir	d Train	Re	ear End	II 35	Cars		<u> </u>		t cade	1	E		
		End	b. Manual		d. Manual			Cars			a. Freig	Loade ght	b. Pass.	c. Freight	d. Pass.	e. Caboose
(1) Total in Train								(1) Total is	n Equip	pment Consist						
(2) Total Derailed								(2) Total D	Derailed	d						
36. Equipment Damage This Consist			37. Track, Sign. & Structure					Primary Co Code	ause			39	Contribut	ting Cause	L	
	,						+									
40. Engineers/	41. Firemen		Crew Members 42. Conductors	 -	43. Brakem			77- June 11			Length o	_	on Duty			
Operators	41. 1400		42. Conducto.		43. DIALCHI	ien	- 1	Engineer/C	.)perato	or Mins:		45	. Conducto	»r	Mins:	
Casualties to:	46. Railroad Em	nployees	47. Train Passer	ngers .	48. Others		49. 3	Special Stu	ıdy Blo	ick						
Fatal																
Nonfatal																
50. Narrative Description	(Be specific	:, and contir	inue on separate .	sheet if												
					· · · · · · · · · · · · · · · · · · ·									<u>u </u>		

						-										·
			-													

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			777.7													
51. Typed/Printed Name	&				52. Si	ignature							53	3. Date		
Title of Preparer					1											

DEPARTMENT OF TRANSPORTATION FEDERAL RAILROAD ADMINISTRATION (FRA)

FEDERAL RAILROAD AI	DMINISTRATION	(FRA)		ALL EQ	OILME	NI AC	CIDE	14 11/1	пст	CIVI RE	ror	~1		0	MB Approval	No.: 2130-0500
Name of Reporting Rai	ilroad							18.	Alphabetic	Code			1b. R	uilroad Accident/	Incident No.	
2. Name of Other Railroa	d Involved in Trai	n Accident	/Incident					2a	Alphabetic	Code			2b. R	ilroad Accident	Incident No.	
3. Name of Railroad Res	ponsible for Trac	k Mainten	ance (single e	ntry)				3a.	Alphabetic	Code		· -w.a. w.	3b. R	ilroad Accident/	Incident No.	
4. U.S. DOT-AAR Grade	Crossing Identific	ation Num	ber					5. D	ate of Accid	dent/Incident			6. Tin	e of Accident/In	eident	
			İ					:	month I	day	1	year I		A	м	РМ 🔲
7. Type of Accident/	1. Derai			4. Side collisi			7. Hwy-r					rion-detonati		13. Other		Code
Incident (single entry in code box)		on collision end collisio		5. Raking col 6. Broken tra			8. RR gra 9. Obstru		esing			iolent ruptur impacts	•	(describe narrativ		
8. Cars Carrying HAZMAT		9. HAZM Damag Deraile	ged/			r Releasing ZMAT	3	•	11	. People Evacuated			12. D	vision		
13. Nearest City/ Town					14. Mile nea tent			1:	5. State Abbr.	Code	16	i. County				
17. Temperature (F)		18. Visib		(v)	Code	19. We	ather (sing			.L		Code	20. T	pe of Track		Code
(specify if minus)	o _F	1. Da 2. Da		ŀ			lear loudy		Rain Fog	5. Sleet 6. Snow				Main 3. Sid Yard 4. Inc		
21. Track Name/ Number					22. FRA Tra Class (1-	ick	Code		23. Annu Densi	al Track ity (gross to:	u		24. Ti	me Table Directi North 3.	on East	Code
25. Type of Equipment	1. Freight train	4.	Work train	7. Yard/swite	hing		. Code		in mil			. Code		South 4. ain Number/Sym	West bol	4
Consist (single entry)	Passenger tr Commuter to	ain 5.	Single car Cut of care	8. Light loco(9. Maint./insp od(s) of Open	s). ect. car		ļ		Atten 1. Ye	ded?	0					
28. Speed (recorded spe if available)	ter code(s) Automatic	block	<i>)</i>		cial instructio			o. Other (4	pecify in narrativ	re)						
R - Recorded E - Estimated	Current of Time table/		rs .	n. Othe	r than main t	rack ru	les									
excluding power units) excluding power units) f. Interlocking 1.							ant control Tic control				Τ		Co	de(s)		
f. Interlocking 1. Ya 31. Principal Car/Unit a. Initial and Number b. Position in Train							c. Loaded	(ves/	no)	32. If any	railroa	d employees	tested for dru	g or alcohol impa	irment, enter	J
(1) First Involved (derailed, struck, etc.)										manus		eporting		Cod	e(s)	1
(2) Causing (if mecha	nical,	-								33. Was t	nis cons	rist transport	ing passenger	? (y/n)		
		ļ								<u> </u>		.,				
34. Locomotive Units		a. Head End	b. Manual	Train c. Remote		ear End		Cars				a. Freig	Loaded nt b. Pass		npty d. Pass.	e. Caboose
(1) Total in Train								(1) T	otal in Equi	pment Consi	nt					
(2) Total Derailed								(2) T	otal Deraile	d						
36. Equipment Damage This Consist			37. Track, Sign & Structure			1	38.	Prim	ary Cause	1			39. Cont	ibuting Cause	1	
		·	2 No. 1				-			1			1			
40. Engineers/	41. Firemen	umper of (Crew Members 42. Conductors		43. Braken	nen	41	Engir	neer/Operati	OT		Length o	Time on Du	<u> </u>		
Operators					45. Diales			Hre:	reci/Operati	Mina	:		Hrs:	uctor	Mins:	
Casualties to:	46. Railroad Em	ployees	47. Train Passer	ngers	48. Others		49.	Speci	al Study Blo	ock						
Fatal																
Nonfatal																
50. Narrative Description	(Be specific	, and conti	nue on separate	sheet if												
						1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-										
												**				
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51. Typed/Printed Name &	&				52 0	ignature			······································					62 P-4		
Title of Preparer	-				1 32. 8	affirstme.								53. Date		

DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD AI	MINISTRATIO	N (FRA)		ICA	IL EQ	OII MIL	NI A	CCII	/1 51	1 1 / 1	IICIDI	SIVI KEI	OKI			c	MB Approval	No.: 2130-0500
1. Name of Reporting Rail	troad									la. A	Alphabetic (Code			1b. Rai	lroad Accident	Incident No.	
2. Name of Other Railroad	l Involved in Tra	in Acciden	t/Incident	it			·			2a. A	Alphabetic (Code			2b. Rai	lroad Accident	Incident No.	
3. Name of Railroad Res	ponsible for Tra	ck Mainter	nance	(single ent	ry)					3a. /	Uphabetic (Code			3b. Rai	lroad Accident	Incident No.	
4. U. S. DOT-AAR Grade	Crossing Identif	ication Nun	nber	 I							ate of Accid	dent/Incident	, y	ear	6. Time	of Accident/In	cident	
				1							1			1		A	мШ	РМ 🔲
7. Type of Accident/	I. Dera	ilment		4.	Side collision	on		7. H	wy-ra	il cro	ming	10. Ea	cplorion-de	tonatio	n	13. Other		Code
Incident (single entry in code box)		on collision and collision	on	6.	Raking coll Broken trai	n collision		9. O	R grad betruc	de cros		12. O	re/violent ri ther impact			(describe narrati		
8. Cars Carrying HAZMAT		9. HAZI Dama Derail	ged/	ni .			r Releas ZMAT	ing			11	. People Evacuated			12. Div	inon		
13. Nearest City/ Town							eport (i iresi th)	lo		15	. State Abbr.	Code	16. Com	ıty				
17. Temperature (F) (specify if minus)	° F	18. Visit	awn	ingle entry) 3. Dusk		Code	1	Weather		3.	Rain	5. Sleet		Code	1.1	oe of Track Main 3. Si		Code
		2. D	ау	4. Dark				. Cloud			Fog	6. Snow					dustry	<u></u>
21. Track Name/ Number						22. FRA Tra Class (1-			Code	•		al Track ity (gross tons llions)			1.1		ion . East . West	Code
25. Type of Equipment	1. Freight trai	n 4	. Work tr	rain 7.	Yard/switc	hing			Code		26. Was 1	Equipment		Code	27. Tre	in Number/Syn	nbol	
Consist (single entry)	Passenger Commuter	train 5	. Single c	car 8.	Light loco(Maint./insp	s).					Atten 1. Ye	ded?						
28. Speed (recorded spe if available) R - Recorded	ed,	Cod	e 3	30. Method a. ATC b. Auto		g.	ter code Automa Current	tic block)		cial instructions or than main trac	k niles		o. Other (sp	ecify in narrati	ive)	
E - Estimated	MPH	İ			train stop		Time tab			1					Cod	a/a)		
29. Trailing Tons (gross to	onnage.				signals		Track w						1		Coc	e(s)	т	1
excluding power units		1		f. Inter		1.	Direct to Yard lim	its .										
31. Principal Car/Unit		a. Initia	l and Nu	ımber	b. Post	ion in Train		c. Lo	aded	(yes/r	10)		ilroad emple om reporting		ested for drug	or alcohol imp		
(1) First Involved (derailed, struck, etc.)												manual.	m reporting	` -		Cox	le(s)	<u> </u>
(2) Causing (if mecha cause reported)	nical,			_								33. Was this	consist trar	sportir	g passengers	' (y/n)	<u> </u>]
		+			i			<u></u>				<u> </u>						
34. Locomotive Units		a. Head End		Mid T Manual	c. Remote		ear End le.R	ernote	35.	Cars	····		a.	I. Freight	oaded b. Pass.	c. Freight	mpty d. Pass.	e. Caboose
(1) Total in Train	<u> </u>									(1) T	otal in Equi	pment Consist						
(2) Total Derailed										(2) To	otal Deraile	ed.				-		
36. Equipment Damage This Consist			1	rack, Signal Structure I					38.	Prima Code	ary Cause	1			39. Contri Code	buting Cause	1	
<u> </u>		Number of	Crew M	lembers	!								Ler	ugth of	Time on Duty	,	L	· · · · · · · · · · · · · · · · · · ·
40. Engineers/ Operators	41. Firemen	•	42. Co	onductors	· · · · · · · · · · · · · · · · · · ·	43. Braker	men		44.	Engir Hrs:	neer/Operat	tor Mins:			45. Condu	ictor	Mins:	
Casualties to:	46. Railroad E	mployees	47. Tri	rain Passeng	gers	48. Others			49.		al Study Bl				1	· · · · · · · · · · · · · · · · · ·		
Fatal																		
Nonfatal																		
50. Narrative Description	(Be specij	îc, and con	tinue on .	separate sh	heet if								·····					
	 																	
											<u>.</u>							
												 						
			,															
51. Typed/Printed Name Title of Preparer	&				-	52.	Signatur	e								53. Date		
Time of Liebates						ı										i		

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DEPARTMENT OF TRANSPORTATION

EDERAL RAILROAD AI	DMINISTR	MOTA	(FRA)		1411	D EQ.	OII IVIIII	11 AC	CIDE	/1 41 /	111011	<u> </u>	IVI KESI V	OKI			OI	MB Approval	No.: 2130-0500
1. Name of Reporting Rai	ilroad									la.	Alphabet	tic C	ode			1b. Raibre	ond Accident/I	ncident No.	
2. Name of Other Railroa	d Involved	in Trair	n Accident/	Incident						2a.	Alphabet	tic C	ode			2b. Railre	ond Accident/I	ncident No.	
3. Name of Railroad Res	sponsible f	or Trac	k Mainten	ance (sing	le entry	v)				3a.	Alphabet	tic C	code	· · · · · · · · ·		3b. Railre	ond Accident/I	ncident No.	
4. U. S. DOT-AAR Grade	Crossing l	dentific	ation Num	ber								ccide	ent/Incident			6. Time o	f Accident/Inc	ident	
											month	١	day 	1,	/ear		A	и 🔲	РМ 🔲
7. Type of Accident/ Incident (single		. Derail	ment on collision			ide collisio			7. Hwy-1 8. RR gr					plosion-de re/violent		1	3. Other (describe)		Code
entry in code box)			nd collision			roken trai			9. Obstri		outing .			her impac			narrativ		
8. Cars Carrying HAZMAT			9. HAZM Damag Deraile	ed/				Releasing ZMAT	3			11.	People Evacuated			12. Divis	ion		
13. Nearest City/ Town							14. Mile near			1	15. State Abbr.		Code	16. Cou	inty				
17. Temperature (F)				lity (single		1	Code		ather (sin					L	Code	20. Туре			Code
(specify if minus)		° F	1. Da 2. Da						lear loudy		l. Rain l. Fog		5. Sleet 5. Snow	-		1. Ma 2. Ya			
21. Track Name/ Number							22. FRA Tra		Cod	de	23. An						Table Direction		Code
14 min Oct							Class (1-	v, A <i>)</i>					y (gross tons ions)			1. No 2. So		East West	
25. Type of Equipment Consist		tht train enger tra		Work train Single car		ard/switch			l Cod	de		as Ed	quipment ed?	ı	Code	27. Train	Number/Symb	ool	
(single entry)		muter tr		Cut of care		agnt 1000(s			1			Yes	2. No						
 Speed (recorded spe if available) R - Recorded 	ed,		Code		. ATCS	s) of Oper train contr	. g.	er code(s) Automatic Current of	block	<i>(y)</i>			al instructions than main trac	k rules	0.	Other (spec	ify in narrativ	e)	
E - Estimated		MPH			. Auto t l. Cab si	rain stop gnals		Fime table/ Frack warr				[Code(•)		
 Trailing Tons (gross is excluding power unit. 		ı		•		control	k.	Direct traf	fic contro			ſ				F			
31. Principal Car/Unit		I	a. Initial	and Number			on in Train		c. Loade	d (yes	(no)	+	32. If any rail	lroad emp	oyees tes	ted for drug or	r alcohol impai	rment, enter	
(1) First Involved			-			<u> </u>						\dashv	codes from	m reportin	* [Code	(#)	
(derailed, struck, etc.)																			
(2) Causing (if mechacause reported)	mical,	•					,					1	33. Was this	consist tra	nsporting	passengers? (y/n)		!
34. Locomotive Units			a. Head	1	Mid Tr	ein	Re	ar End	35	5. Can	,				Lo	aded	Em	pty	
			End	b. Man		. Remote	d. Manual								Freight	b. Pass.	c. Freight	d. Pass.	e. Caboose
(1) Total in Train										(1) 7	Total in E	quip	ment Consist						
(2) Total Derailed										(2)	Total Dera	ailed							
36. Equipment Damage				37. Track,			-1		38		nary Caus	e			-	39. Contribu	ting Cause	1	
This Consist				& Struc	ture Da	umage			1	Cod	le		1			Code	1		
		N	lumber of (Crew Membe	ero .				$\neg \vdash$				•	l.e	ngth of T	ime on Duty			
40. Engineers/	41. Fire		I	42. Conduc			43. Braken	nen	44	4. Eng	ineer/Ope	erato	r			45. Conduct	or		
Operators							·			Hrs:	·		Mins:			Hrs:		Mina:	
Casualties to:	46. Rails	road Em	iployees	47. Train P	asenge	TB	48. Others		49	9. Spec	cial Study	Bloc	ck						
Nonfatal																			
50. Narrative Description	(Be	specific	, and conti	nue on separ	ate she	et if			. !										-
																		-	
						-													
			<u> </u>																
	-																		
																		·	
							-										·		
 Typed/Printed Name Title of Preparer 	&						52. S	ignature								5	3. Date		

DEPARTMENT OF TRANSPORTATION FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB	A-morana 1	Ma ·	2130-0500
UMD	ADDTOVIL.	NO.:	2130-0300

Name of Reporting Railroad					la.	Alphabe	tic Co	ode		1	lb. Raih	ond Accident/	Incident No.	
2. Name of Other Railroad Involved in Train	Accident/Incident				2a.	Alphabe	tic Co	ode		2	2b. Railre	oad Accident/	Incident No.	
3. Name of Railroad Responsible for Track	k Maintenance (single	entry)			3a.	Alphabe	tic Co	ode		2	3b. Railr	oad Accident/	Incident No.	
4. U. S. DOT-AAR Grade Crossing Identifica	ation Number				5.	Date of A	ccide	nt/Incident day	year		5. Time o	f Accident/Inc	cident	
							\perp	Ĺ					м 📙	РМ 🔲
	ment on collision and collision	 Side collision Raking collisi Broken train 		8	7. Hwy-rail c 3. RR grade c 9. Obstruction	rossing		11. Fir	rplosion-deton re/violent rupt her impacts		1	13. Other (describe narrativ		Code
8. Cars Carrying	9. HAZMAT Cars		10. Cars R	Releasing				People		1:	2. Divis			L
HAZMAT	Damaged/ Derailed		HAZM	(AT				Evacuated						
13. Nearest City/			14. Milepo			15. State Abbr		Code	16. County					
Town 17. Temperature (F)	18. Visibility (single ent	eu)	Code	10 West	her (single ei	atesi)			, Co	da 1	20 Time	of Track		Code
(specify if minus)	1. Dawn 3. Dusk 2. Day 4. Dark			1. Cle 2. Cle	ear	3. Rain 4. Fog		. Sleet . Snow		u '	1. Ms 2. Ys	ain 3. Sid	ling Iustry	
21. Track Name/ Number		22	PRA Track Class (1-6,		Code			(gross tons		1	24. Time 1. No 2. So		on East West	Code
25. Type of Equipment 1. Freight train Consist 2. Passenger tra		7. Yard/switchir	ıg		Code	26. W	_	uipment	l Co	de 2		Number/Sym		
(single entry) 3. Commuter tr	main 6. Cut of care	8. Light loco(s). 9. Maint./inspec					. Yes	2. No						
28. Speed (recorded speed, if available) R - Recorded	, a.A	hod(#) of Operat TCS uto train control	g. Au	code(s) the atomatic b arrent of to				al instructions than main trac	k mlar	o. Oth	er (spec	ify in narrativ	ve)	
E - Estimated MPH	c. A	uto train stop	i. Tin	ne table/tr	ain orders	n. C	Juler 1	nen men nsc	F 1mcs		Code((s)		
29. Trailing Tons (gross tonnage, excluding power units)		ab signals raffic control		ick warrar rect traffi			ŀ			T	T			<u> </u>
	,	terlocking		rd limits			_						,	
31. Principal Car/Unit	a. Initial and Number	b. Position	n in Irain	→ °	. Loaded (ye	s/no)	_		iroad employe m reporting	es tested 1	or ang o	r alcohol impa Cod		
(1) First Involved (derailed, struck, etc.)								manual.					E(F)	
(2) Causing (if mechanical, cause reported)	ing (if mechanical,							33. Was this	consist transp	orting pass	engers? (y/n)		
34. Locomotive Units	a. Head Mi End b. Manual	d Train c. Remote	Rear d. Manual	End e. Remo	35. Ca	rs			a. Fre	Loaded	b. Pass.	Er c. Freight	mpty d. Pass.	e. Caboose
(1) Total in Train					(1)	Total in I	Equipt	ment Consist						
(2) Total Derailed					(2)	Total De	railed							
36. Equipment Damage This Consist	37. Track, Sig	nal, Way, e Damage		L	38. Pri	mary Cau	ı s e			39.	Contrib	uting Cause	1	
		e Damage												
N 40. Engineers/ 41. Firemen	Vumber of Crew Members		43 P-1		44.5	oince-/^			Lengt	n of Time		•		*
Operators 41. Firemen	42. Conductor		43. Brakemer		44. En	gineer/Op s:	erator	r Mins:		45.	Conduc Hrs:	IOT	Mins:	
Casualties to: 46. Railroad Em	nployees 47. Train Pass	engers	48. Others		49. Sp	cial Study	y Bloc	ek						
Fatal										,				
Nonfatal														
50. Narrative Description (Be specific,	, and continue on separate	sheet if												
			····							·				
			,					****						
														
							,							

51. Typed/Printed Name & Title of Preparer			52. Sign	nature								53. Date		

DEPARTMENT OF TRANSPORTATIONFEDERAL RAILROAD ADMINISTRATION (FRA)

EDERAL RAILROAD AD	MINISTRATION	(FRA)		KAI	L EQI	TIPINIEN	II AC	اللاك	DIN I	ANCH	ye,	NI KEP	UKI			OM	IB Approval l	No.: 2130-0500
1. Name of Reporting Rails	road								la.	. Alphabet	tic C	ode			1b. Railro	oad Accident/In	icident No.	
2. Name of Other Railroad	l Involved in Train	1 Accident/	Incident						28.	. Alphabet	tic C	ode	•		2b. Railro	oad Accident/In	icident No.	
3. Name of Railroad Resp	ponsible for Trac	k Mainten	ance (s.	single entry	<i>y</i>)				3a.	. Alphabet	tic C	ode			3b. Railro	oad Accident/In	icident No.	
4. U. S. DOT-AAR Grade	Crossing Identific	ation Num	ber	<u> </u>				-	5.	Date of Ac month	ccide	ent/Incident day	, yı	ear	6. Time of	f Accident/Inci		
				Ш.,							\perp					AM	<u>. L </u>	PM L
7. Type of Accident/	1. Derail				side collisio				y-rail c				rplosion-det		1	13. Other		Code
Incident (single entry in code box)		on collision end collision			Raking colli Broken trair				grade co				re/violent ru ther impacts		<u></u>	(describe ii narrative		
8. Cars Carrying HAZMAT		9. HAZM Damag Deraile	ged/			10. Cars HAZ	Releasin ZMAT	ųg.			11.	People Evacuated	<u> </u>		12. Divisi	ion		
13. Nearest City/ Town						14. Mile near tenth	rest	,		15. State Abbr.		Code	16. Cour	ity	-			
17. Temperature (F) (specify if minus)		18. Visibi 1. Da		ngle entry) 3. Dusk		Code		eather (si		ntry) 3. Rain		5. Sleet	<u> </u>	Code	20. Type 1. Ma		ng	Code
	° F	2. Day		4. Dark			2.	Cloudy		4. Fog	6	6. Snow			2. Ya	rd 4. Indi	ustry	L
21. Track Name/ Number					1	22. FRA Trac Class (1-6		0	ode		ensity	y (gross tons			1. No		East	Code
25. Type of Equipment	1. Freight train	4.	Work trai	ain 7. Y	Yard/switch	hino			ode		milli as Ec	ions) quipment		Code	2. Sou	uth 4. V Number/Symb	West ol	
Consist (single entry)	Passenger tr Commuter tr	main 5.	Single car Cut of car	ar 8. L	Light loco(s Maint./inspe	s).			Juc	At	ttend Yes	led?		Cour	47.	Numbersynie	oi.	
28. Speed (recorded spee if available)	. Speed (recorded speed, Code 30. Method(s) of Operation (enter code)								ply)	m. S	Speci	ial instructions		o. <i>i</i>	Other (spec	ify in narrative	•)	
R - Recorded E - Estimated	МРН			c. Auto t	train stop	i. T	Time table	ie/train or		n. U	Hher [than main trac	k rules		Code((a)		
29. Trailing Tons (gross to excluding power units)	29. Trailing Tons (gross tormage, d. Cab signals j. Tra							rrant cont affic cont					Γ			"		
31. Principal Car/Unit	<u></u>	a. Initial	and Numl	f. Interlo		l. Y ion in Train	Yard limit		ded (ye	es/no)	\dashv	32. If any rai	ilroad emple	yees tes	ted for drug o	r alcohol impair	rment, enter	
(1) First Involved		+			+-		+			-	\dashv		om reporting			Code		
(derailed, struck, etc.)																		
(2) Causing (if mechan cause reported)	nical,										1	33. Was this	consist tran	sporting	passengers? (y/n)		
34. Locomotive Units		a. Head		Mid Tra		T De	ar End		35. Ca		_			Lor	aded	Em		
34. Locomouve Onus		a. Head End			c. Remote			- 11	33. Ca	.TB			a.	Freight	b. Pass.	c. Freight	d. Pass.	e. Caboose
(1) Total in Train									(1)) Total in E	quip	ment Consist						
(2) Total Derailed									(2)) Total Den	ailed	I						
36. Equipment Damage This Consist				ack, Signal, V Structure Da				:	38. Pri Co	imary Caus ode	re .				39. Contribu	ating Cause		
								_										
· · · · · · · · · · · · · · · · ·		Number of (T., .		\rightarrow					Len	igth of Ti	ime on Duty			
40. Engineers/ Operators	41. Firemen		42. Con	aductors		43. Brakem	ien		44. En Hr	ngineer/Ope	erato	Mins:			45. Conduct	юг	Mins:	
Casualties to:	46. Railroad En	aployees	47. Train	in Passenge	era	48. Others			49. Sp	ecial Study	Bloc	ck					***************************************	
Fatal			i															
Nonfatal																		
50. Narrative Description	(Be specifie	c, and cont	inue on se	separate she	et if	<u> </u>					_							
,																		
											_							
						············												
	 										_							
 Typed/Printed Name & Title of Preparer 	&					52. S	Signature									53. Date		

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DEPARTMENT OF TRANSPORTATION FEDERAL RAILROAD ADMINISTRATION (FRA)

FEDERAL RAILROAD A	DMINISTRATIC	N (FRA)		JIID DQ	OH ME	III AC	CIDE	11/11/0	.1171	ENT REI O	<u> </u>		C	MB Approval	No.: 2130-0500
Name of Reporting Ra	ilroad							la. Alphi	abetic	Code		lb. Rai	road Accident/	Incident No.	
2. Name of Other Railros	ad Involved in Tr	in Acciden	t/Incident					2a. Alphi	abetic	Code		2b. Rai	road Accident/	Incident No.	· · · · · · · · · · · · · · · · · · ·
3. Name of Railroad Re	sponsible for Tra	ack Mainter	nance (single	entry)				3a. Alphi	betic	Code		3b. Rail	road Accident/	Incident No.	
4. U. S. DOT-AAR Grade	e Crossing Identif	ication Nun	nber 1			·		5. Date of month		dent/Incident	year	6. Time	of Accident/In	cident	
			İ				ĺ	1		1 1	, , , ,	ļ	A	мШ	РМ 🔲
7. Type of Accident/	1. Ders			4. Side collisi	on		7. Hwy-ra	il crossing		10. Explo	rion-detonation	n .	13. Other		. Code
Incident (single entry in code box)		d on collisio	on	 Raking col Broken train 			8. RR grad 9. Obstruc	de crossing tion		11. Fire/v 12. Other	iolent rupture impacts		(describe narrativ		
8. Cars Carrying HAZMAT		9. HAZN Dama Derail				r Relearing ZMAT	3		11	. People Evacuated		12. Divi	nion		
13. Nearest City/ Town					14. Mile near			15. Sta At	ate obr.	Code 1	6. County				
17. Temperature (F)		18. Visit			Code		ather (singl	le entry)		<u> </u>	Code	20. Typ	of Track		. Code
(specify if minus)	o _F	1. Dr 2. Dr					lear loudy	3. Rain 4. Fog		5. Sleet 6. Snow		1. M 2. Y	ain 3. Sid		
21. Track Name/ Number					22. FRA Tra		Code	23.		al Track			Table Direction		Code
					Class (1-	···, A)			Densi in mil	ty (gross tons llions)		1. N 2. Se		East West	
25. Type of Equipment	1. Freight trai			7. Yard/swite			Code	26.		Equipment	, Code		Number/Sym		<u> </u>
Consist (single entry)	Passenger t Commuter		Single car	8. Light loco(9. Maint./insp	ı). ¯				Attenda	ded?					
28. Speed (recorded spe if available)	ed,	Code	30. Met	hod(s) of Oper		er code(s). Automatic	that apply) block		n Sne	cial instructions		Other /	rifu in ma		
R - Recorded E - Estimated			b. A	uto train contr	ol h.	Current of	traffic	n		r than main track n	les	o. Outer (spe	cify in narrativ	re)	
	МРН			uto train stop ab signals		Fime table/ Frack warn	train orders	t				Code	(1)		
 Trailing Tons (gross is excluding power unit. 			e, Tr	affic control terlocking	k . 1	Direct traff Yard limits									
31. Principal Car/Unit		a. Initial	and Number		ion in Train		c. Loaded	(yes/no)		32. If any railros	d employees t	ested for drug	or alcohol impa	irment, enter	
(1) First Involved		 								codes from r manual.	eporting [Code	(8)	
(derailed, struck, etc.)										manuai.	ľ		T		
(2) Causing (if mecha	mical,	+								33. Was this con	eist transportie		(*/*)		<u> </u>
cause reported)										33. Was the con	ant unimportu	ik hassenkers	y/11)		
34. Locomotive Units		a. Head	1 10				ll a a								
54. Locoliouve Sina		a. riead End	b. Manual	Train c. Remote	d. Manual	ar End e. Rem		Сати			a. Freight	oaded b. Pass	c. Freight	npty d. Pass.	e. Caboose
(1) Total in Train								(1) Total in	ı Equip	pment Consist					
(2) Total Derailed								(2) Total D	erailed	đ					
36. Equipment Damage			37. Track, Sign	al, Way,	<u> </u>		38.	Primary Ca	ause			39. Contrib	ting Cause	<u> </u>	L
This Consist			& Structure	Damage				Code		1		Code	I		
		Number of	Crew Members				+	···-			T 2	T 5 :			
40. Engineers/	41. Firemen		42. Conductors		43. Brakem	len	 	Engineer/C)ne *		Length of	Time on Duty			
Operators					45. Blazem			Hrs:	peraco	Mins:		45. Conduc	ior	Mins:	
Casualties to:	46. Railroad Er	nployees	47. Train Passe	ngers	48. Others		49. 5	Special Stu	dy Blo	ck					
Fatal															
Nonfatal															
50. Narrative Description	(Be specifi	c, and conti	inue on separate	sheet if						" <u>,</u>					
		****	*							74.70					
					····	·	•••	,							

						****						•	***************************************		
												· · · · · · · · · · · · · · · · · · ·			
51. Typed/Printed Name &	ķ			***	52. Si	gnature				·		T	3. Date		
Title of Preparer												T	J. Date		

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DEPARTMENT OF EDERAL RAILROAD AD			···· KA	IL EQU	LMEN.	ACCII	EN17	TLC IN	NT REF	OKI					No.: 2130-050
Name of Reporting Rails	road						la.	la. Alphabetic Code			1b. Railroad Accident/Incident No.				
2. Name of Other Railroad	Involved in Train	n Accident/I	ncident				2a.	2a. Alphabetic Code			2b. Railroad Accident/Incident No.				
3. Name of Railroad Responsible for Track Maintenance (single entry)					3a.	3a. Alphabetic Code			3b. Railro	3b. Railroad Accident/Incident No.					
4 II S DOT-AAR Grade I	Crossing Identific	eation Numb					5. I	ate of Accid	ient/Incident			6. Time of	`Accident/Inci	dent	
4. U. S. DOT-AAR Grade Crossing Identification Number					month day year				AM	ı 🗆	рм 🔲				
7. Type of Accident/ Incident (single entry in code box)		iment on collision end collision	5.	Side collision Raking collisi Broken train	on	8. R	wy-rail cr R grade cr betruction		11. 1	Explosion-dete Fire/violent ru Other impacts		1.	3. Other (describe in narrative)		Code
8. Cars Carrying HAZMAT		9. HAZM. Damage Deraile	ed/		10. Cars R HAZM			11	. People Evacuated			12. Divini	on		
13. Nearest City/ Town					14. Milepo neares tenth)		1	5. State Abbr.	Code	16. Coun	y				
17. Temperature (F)		18. Visibi	lity (single entry) .	 	19. Weather	(single en	try)	J		Code	20. Type			Code
(specify if minus)	° F	1. Day 2. Day				1. Clear 2. Cloud	y '	B. Rain I. Fog	5. Sleet 6. Snow			1. Ma: 2. Yar	d 4. Indi	untry	Colo
21. Track Name/ Number				22	2. FRA Track Class (1-6,		Code		al Track ity (gross ton llions)	s		24. Time 1. Noi 2. Sou		n East West	Code
25. Type of Equipment Consist (single entry)	Freight train Passenger to Commuter to	rain 5.	Single car 8.	Yard/switchin Light loco(s). Maint./inspec			Code	26. Was Atter 1. Ye			Code	27. Train	Number/Symb	ool	
28. Speed (recorded speed if available) R - Recorded	ed,	Code	a. ATG	d(s) of Operat CS o train control	g. Aı	code(s) that utomatic bloc urrent of traff	k		cial instruction or than main tr		о.	o. Other (specify in narrative)			
E - Estimated	МРН	<u> </u>		o train stop		ne table/train ack warrant c						Code(a	s)		
 Trailing Tons (gross to excluding power units 			e. Tra	signals ffic control rlocking	k. Di	irect traffic co ard limits									
31. Principal Car/Unit		a. Initial	and Number	b. Poritio	n in Train	c. L	oaded (ve	s/no)				ted for drug or	alcohol impai	rment, enter	
(1) First Involved		\dagger		 					manual manual	from reporting l.	\perp		Code	e(I)	
(derailed, struck, etc.)												ļ			
(2) Causing (if mecha cause reported)	nical,								33. Was th	is consist tran	sporting	passengers? (y/n)		
34. Locomotive Units		a. Head End		Train c. Remote	Rear d. Manual	End e. Remote	35. Ca	7		a. :	Lo Freight	aded b. Pass.	En c. Freight	npty d. Pass.	e. Caboose
(1) Total in Train							(1)	Total in Equ	ipment Consis	1					
(2) Total Derailed							(2)	Total Derail	ed						
36. Equipment Damage This Consist			37. Track, Signa & Structure		<u> </u>	<u> </u>	38. Pri Co	mary Cause de				39. Contribu Code	iting Cause		
		Number of	Crew Members							Len	gth of T	ime on Duty			
40. Engineers/ Operators	41. Firemen		42. Conductors		43. Brakeme	en .	44. Engineer/Operator Hrs: Mins:			45. Conductor Hrs: Mins:					
Casualties to:	46. Railroad E	mployees	47. Train Passer	igers	48. Others		49. Special Study Block								
Fatal							-								
Nonfatal 50. Narrative Description	(Be specif	ic, and com	inue on separate :	sheet if				-				M-M-1 (M-1)			
	(20 specif			9											
										.,-					
													<u>.</u>		
															, q

52. Signature

53. Date

51. Typed/Printed Name & Title of Preparer

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t.		
:		

EMPLOYEE HUMAN FACTOR ATTACHMENT

OMB No. 2130-0500

Name of Reporting Railroad		ilroad Accident/Ir (Block 1b, FRA F 6		Date of Accide	ent/Incident (mo/day/year)			
The railroad has determined that (check only one)								
[] a. One or more railroad employees committed an act or omission or were in a physical condition that was a primary or a contributing cause of the accident/incident.								
D. Either no railroad employee committed an act or omission or was in a physical condition that was a primary or a contributing cause of the accident/incident or it is uncertain whether any person who was a railroad employee committed an act or omission or was in a physical condition that was a primary or a contributing cause of the accident/incident.								
If Item "b" above was checked, go	to last line	of form. If Item	"a" above was chec	ked, complete t	ne following:			
The railroad has <u>identified</u> : (che	ck only one)							
[] 1. All of the railroad emp primary or contributing	-			n a physical co	ndition that was a			
[2. Some, but not all, of t that was a primary or c				ssion or were i	n a physical condition			
[] 3. None of the railroad emprimary or contributing	•			n a physical co	ndition that was a			
If Item "3" above was checked, go	to last line	of form.						
If Item "1" or "2" above was check committed an act or omission or ha incident: (Attach additional pag	ving been in	a physical condit	• •					
Name of Railroad Employee J (last, first, middle)	lob Title		Railroad Code of Employing Railroa		(s) Applicable ployee			
Briefly describe the employee's act, omission or physical condition that was a primary or a contributing cause of this accident/incident. The meanings of most cause codes are already stated in the "FRA Guide for Preparing Accident/Incident Reports." Briefly expand further, if information is not already stated in the narrative section of the Rail Equipment Accident/Incident Report.								
Did this employee die as a result of the accident? [] Yes [] No								
Typed Name and Title		Signature			Date			

Instructions on Completing Form FRA F 6180.81, "Employee Human Factor Attachment"

This form should be completed only when a railroad, in reporting a rail equipment accident/incident to FRA, assigns any of the cause codes listed under "Train Operation - Human Factors" in the "FRA Guide for Preparing Accident/Incident Reports." except Cause Code 506, as the primary cause or a contributing cause of the rail equipment accident/incident.

Note on Notices to Railroad Employees Involved in Rail Equipment Accidents/Incidents:

Part I of FRA's Form FRA F 6180.78, "Notice to Railroad Employee Involved in Rail Equipment Accident/Incident Attributed to Employee Human Factor" ("Notice"), must be completed and the entire form (Parts I and II) forwarded to each employee listed in the Employee Human Factor Attachment as causing or contributing to the accident, with certain exceptions. The railroad's Rail Equipment Accident/Incident Report and Employee Human Factor Attachment must not be delayed in order to complete the Notice.

A Notice for an employee must not be sent if that employee has died as a result of the accident. A Notice for an employee is not required (and is not recommended) if the employee has died of whatever causes by the time that the Notice is ready to be sent.

A Notice for an employee must be sent within 45 days from the end of the month in which the accident/incident occurred, unless (i) the employee has died by the time that the Notice is ready to be sent or (ii) the reporting railroad, in its reasonable discretion, believes that notification of the employee should be deferred for a time on medical grounds.

PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Safety Analysis, RRS-20, Federal Railroad Administration, 400 7th Street, S.W., Washington, D.C. 20590; and to the Regulatory Policy Branch (OMB No. 2130-0500), Office of Management and Budget, New Executive Office Bldg., 726 Jackson Place, N.W., Washington, D.C. 20530.

★U.S. GP0:1990-518-226/20292

EMPLOYEE HUMAN FACTOR ATTACHMENT

						OMB No. 2150-Q500				
Name of Re	porting Railroad		ilroad Accident/I (Block 1b, FRA F		Date of Accid	ent/Incident (mo/day/year)				
The railro	ad has determined that	(check only on	e)	***************************************	·					
[a.	[] a. One or more railroad employees committed an act or omission or were in a physical condition that was a primary or a contributing cause of the accident/incident.									
[] b.	b. Either no railroad employee committed an act or omission or was in a physical condition that was a primary or a contributing cause of the accident/incident or it is uncertain whether any person who was a railroad employee committed an act or omission or was in a physical condition that was a primary or a contributing cause of the accident/incident.									
If Item "b	above was checked, g	o to last line	of form. If Item	"a" above was chec	ked, complete t	he following:				
The railro	ad has <u>identified</u> : (c	heck only one)								
[1.	All of the railroad e primary or contributi				n a physical co	ndition that was a				
] 2.	Some, but not all, of that was a primary or				ssion or were i	n a physical condition				
Ŋ 3.	None of the railroad primary or contributi				n a physical co	ndition that was a				
	" above was checked, g			each employee whom	n the railroad h	as identified as having				
committed incident:	an act or omission or (Attach additional p		•	ion that was a prim	mary or contribu	ting cause of the accident/				
	nilroad Employee st, middle)	Job Title		Railroad Code of Employing Railroa	1	(s) Applicable ployee				
accident/i Reports."	Briefly describe the employee's act, omission or physical condition that was a primary or a contributing cause of this accident/incident. The meanings of most cause codes are already stated in the "FRA Guide for Preparing Accident/Incident Reports." Briefly expand further, if information is not already stated in the narrative section of the Rail Equipment Accident/Incident Report.									
Did this employee die as a result of the accident? [] Yes [] No										
Typed Name	e and Title		Signature			Date				
B			Ī			ł				

Instructions on Completing Form FRA F 6180.81, "Employee Human Factor Attachment"

This form should be completed only when a railroad, in reporting a rail equipment accident/incident to FRA, assigns any of the cause codes listed under "Train Operation - Human Factors" in the "FRA Guide for Preparing Accident/Incident Reports." except Cause Code 506, as the primary cause or a contributing cause of the rail equipment accident/incident.

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A Notice for an employee must be sent within 45 days from the end of the month in which the accident/incident occurred, unless (i) the employee has died by the time that the Notice is ready to be sent or (ii) the reporting railroad, in its reasonable discretion, believes that notification of the employee should be deferred for a time on medical grounds.

PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Safety Analysis, RRS-20, Federal Railroad Administration, 400 7th Street, S.W., Washington, D.C. 20590; and to the Regulatory Policy Branch (OMB No. 2130-0500), Office of Management and Budget, New Executive Office Bldg., 726 Jackson Place, N.W., Washington, D.C. 20530.

*U.S. GP0:1990-518-226/20292

EMPLOYEE HUMAN FACTOR ATTACHMENT

OMB No. 2130-0500

	<u> </u>								
Name of Reporting Railroad	Incident No. 6180.54)	Date of Accid	dent/Incident (mo/day/year)						
The railroad has determined that (check only one)									
B a. One or more railroad employees committed an act or omission or were in a physical condition that was a primary or a contributing cause of the accident/incident.									
b. Either no railroad employee committed an act or omission or was in a physical condition that was a primary or a contributing cause of the accident/incident or it is uncertain whether any person who was a railroad employee committed an act or omission or was in a physical condition that was a primary or a contributing cause of the accident/incident.									
If Item "b" above was checked, go to	last line of form. If Ite	m "a" above was check	ed, complete t	the following:					
The railroad has <u>identified</u> : (check	only one)								
[] 1. All of the railroad emplo primary or contributing c	yees who committed an act o suse of the accident/incide		a physical co	ondition that was a					
[2. Some, but not all, of the that was a primary or con	railroad employees who com tributing cause of the accid		sion or were i	n a physical condition					
[] 3. None of the railroad empl primary or contributing c	byees who committed an act of suse of the accident/incide		a physical co	endition that was a					
If Item "3" above was checked, go to	last line of form.								
If Item "1" or "2" above was checked committed an act or omission or havi incident: (Attach additional pages									
Name of Railroad Employee Job (last, first, middle)	The state of the s								
Briefly describe the employee's act, omission or physical condition that was a primary or a contributing cause of this accident/incident. The meanings of most cause codes are already stated in the "FRA Guide for Preparing Accident/Incident Reports." Briefly expand further, if information is not already stated in the narrative section of the Rail Equipment Accident/Incident Report.									
Did this employee die as a result of the accident? [] Yes [] No									
Typed Name and Title	Signature			Date					
	- g cui								

Instructions on Completing Form FRA F 6180.81, "Employee Human Factor Attachment"

This form should be completed only when a railroad, in reporting a rail equipment accident/incident to FRA, assigns any of the cause codes listed under "Train Operation - Human Factors" in the "FRA Guide for Preparing Accident/Incident Reports." except Cause Code 506, as the primary cause or a contributing cause of the rail equipment accident/incident.

Note on Notices to Railroad Employees Involved in Rail Equipment Accidents/Incidents:

Part I of FRA's Form FRA F 6180.78, "Notice to Railroad Employee Involved in Rail Equipment Accident/Incident Attributed to Employee Human Factor" ("Notice"), must be completed and the entire form (Parts I and II) forwarded to each employee listed in the Employee Human Factor Attachment as causing or contributing to the accident, with certain exceptions. The railroad's Rail Equipment Accident/Incident Report and Employee Human Factor Attachment must not be delayed in order to complete the Notice.

A Notice for an employee must not be sent if that employee has died as a result of the accident. A Notice for an employee is not required (and is not recommended) if the employee has died of whatever causes by the time that the Notice is ready to be sent.

A Notice for an employee must be sent within 45 days from the end of the month in which the accident/incident occurred, unless (i) the employee has died by the time that the Notice is ready to be sent or (ii) the reporting railroad, in its reasonable discretion, believes that notification of the employee should be deferred for a time on medical grounds.

PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Safety Analysis, RRS-20, Federal Railroad Administration, 400 7th Street, S.W., Washington, D.C. 20590; and to the Regulatory Policy Branch (OMB No. 2130-0500), Office of Management and Budget, New Executive Office Bldg., 726 Jackson Place, N.W., Washington, D.C. 20530.

★U.S. GP0:1990-518-226/20292

EMPLOYEE HUMAN FACTOR ATTACHMENT

OMB No. 2130-0500

Name of Reporting Railroad	F	Railroad Accident/I (Block 1b, FRA F		Date of Accid	dent/Incident (mo/day/year)				
The railroad has determined that (check only one)									
[] a. One or more railroad employees committed an act or omission or were in a physical condition that was a primary or a contributing cause of the accident/incident.									
b. Either no railroad employee committed an act or omission or was in a physical condition that was a primary or a contributing cause of the accident/incident or it is uncertain whether any person who was a railroad employee committed an act or omission or was in a physical condition that was a primary or a contributing cause of the accident/incident.									
If Item "b" above was checked, g	o to last line	e of form. If Item	"a" above was check	ced, complete 1	the following:				
The railroad has <u>identified</u> : (c	heck only one)	1							
[] 1. All of the railroad e primary or contributi				n a physical co	ondition that was a				
[] 2. Some, but not all, of that was a primary or				ssion or were i	n a physical condition				
[] 3. None of the railroad primary or contributi				n a physical co	endition that was a				
If Item "3" above was checked, g If Item "1" or "2" above was che committed an act or omission or incident: (Attach additional p	cked, complete having been in	the following for a physical condit							
Name of Railroad Employee (last, first, middle)	The state of the s								
Briefly describe the employee's act, omission or physical condition that was a primary or a contributing cause of this accident/incident. The meanings of most cause codes are already stated in the "FRA Guide for Preparing Accident/Incident Reports." Briefly expand further, if information is not already stated in the narrative section of the Rail Equipment Accident/Incident Report.									
Did this employee die as a result of the accident? [] Yes [] No									
Typed Name and Title		Signature			Date				

Instructions on Completing Form FRA F 6180.81, "Employee Human Factor Attachment"

This form should be completed only when a railroad, in reporting a rail equipment accident/incident to FRA, assigns any of the cause codes listed under "Train Operation - Human Factors" in the "FRA Guide for Preparing Accident/Incident Reports." except Cause Code 506, as the primary cause or a contributing cause of the rail equipment accident/incident.

Note on Notices to Railroad Employees Involved in Rail Equipment Accidents/Incidents:

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A Notice for an employee must not be sent if that employee has died as a result of the accident. A Notice for an employee is not required (and is not recommended) if the employee has died of whatever causes by the time that the Notice is ready to be sent.

A Notice for an employee must be sent within 45 days from the end of the month in which the accident/incident occurred, unless (i) the employee has died by the time that the Notice is ready to be sent or (ii) the reporting railroad, in its reasonable discretion, believes that notification of the employee should be deferred for a time on medical grounds.

PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Safety Analysis, RRS-20, Federal Railroad Administration, 400 7th Street, S.W., Washington, D.C. 20590; and to the Regulatory Policy Branch (OMB No. 2130-0500), Office of Management and Budget, New Executive Office Bldg., 726 Jackson Place, N.W., Washington, D.C. 20530.

*U.S. GP0:1990-518-226/20292

NOTICE TO RAILROAD EMPLOYEE INVOLVED IN RAIL EQUIPMENT ACCIDENT/INCIDENT ATTRIBUTED TO EMPLOYEE HUMAN FACTOR

EMPLOYEE STATEMENT SUPPLEMENTING RAILROAD ACCIDENT REPORT

DEPARTMENT OF TRANSPORTATION FEDERAL RAILROAD ADMINISTRATION (FRA)

FEDERAL RAILROAD ADMINISTRATION	(FRA)				OMB Approval No.: 2130-050
PART I - NOTICE TO RAIL	ROAD EMPLOY	EE INVOLVED IN RAIL	EQUIPMENT ACC	EIDENT (To be comple	eted by reporting railroad)
Name of Reporting Railroad		Date of Accident/Incident / / Accident/Incident No. Location of Accident/Incident (State, nearest city/town)			ident/Incident
	Causes reported	on Form FRA F 6180.54		<u> </u>	
Applicable to this person?		Description			
Yes No					
Yes No	1				
Employee's Name (First, mide	ile, last)	Job Title on Date of Accide	Date of Accident/Incident		
Employee's Home Address or	RFD No.				
be the primary or only person contributing cause(s) of this a the railroad's report; a copy of You may submit a statement submit such a statement is ent of this form.	ceident are those list which is attached. to FRA with a copy tirely optional on you	sted above. Other causal far y to this railroad and common	ectors related to this e	event may be described in the railroad's report. The	in the narrative portion of
Name of Railroad Representat	tive	Signature of Railroad Re	epresentative	Date Signed	Date Mailed/Hand Delivered
PART II - EMPLOYEE STA Willful false stater		EMENTING RAILROAD n imposition of civil penal	All the second of the second o	RT (To be completed b	y notified person)
			Continue statement	on separate sheet, if req	uired, and mail with statement)
I have carefully read this states best of my knowledge and beli		hat it is true to the	Date Mailed/Hand	Delivered to FRA:	
Signature	 ;	Date Signed	Date Mailed/Hand	Delivered to Railroad:	
Your Telephone Number Home: ()	Home addres	ss, if different from address	in Part I		
Work: _()					
NOTE: This Notice and Employereports statute and, as simulater mentioned in said	yee Supplement unde uch, shall not "be adn d report " 49 US	er 49 CFR 225.12 are part of th mitted as evidence or used for a C 20903. See 49 CFR 225.7 (ne reporting railroad's a ny purpose in any suit b).	ccident report to FRA purs or action for damages grov	uant to the accident ving out of any

INSTRUCTIONS TO NOTIFIED RAILROAD EMPLOYEE

If you wish to provide a statement supplementing the railroad's report of the accident described in Part I, you must complete Part II of this form. Failure to provide a supplement does not constitute consent to any of the railroad's allegations.

If you choose to submit a supplement, you must also send a copy to the reporting railroad shown in Part I. This railroad is required to review your supplement and determine whether the railroad's report to the Federal Railroad Administration (FRA) needs to be revised. Supplements become part of the railroad's accident report to FRA and are available to others through the Freedom of Information Act. If you wish to submit confidential information to the FRA, do not use this form. Instead, you should use another means of communications, such as, a confidential letter addressed to your collective bargaining representative, or to the FRA, Office of Safety Assurance and Compliance, 400 Seventh Street, S.W., Washington, DC 20590.

Please print or type. If more room is needed, you may continue on additional pieces of paper.

You may attach any relevant supporting documents and photographs.

You may comment on the accuracy of any aspect of the railroad's report of this accident.

You have 35 days from the date that the notice was mailed or hand delivered to you. If you are unable to meet this deadline, you must provide an explanation of the reasons for the delay.

The original copy of this form, attachments, and supporting documents are to be mailed to:

Federal Railroad Administration Office of Safety Analysis (RRS-22) 400 Seventh Street, S.W. Washington, DC 20590

You must also provide a copy to the notifying railroad and retain one copy for your records...

Be sure to sign and date the supplement.

FORM FRA F 6180-78

NOTICE TO RAILROAD EMPLOYEE INVOLVED IN RAIL EQUIPMENT ACCIDENT/INCIDENT ATTRIBUTED TO EMPLOYEE HUMAN FACTOR

EMPLOYEE STATEMENT SUPPLEMENTING RAILROAD ACCIDENT REPORT

OMB Approval No.: 2130-0500

PART I - NOTICE TO RAIL	ROAD EMPLOYE	E INVOLVED IN RAIL	EQUIPMENT ACCIDEN	VT (To be complete	ed by reporting railroad)
Name of Reporting Railroad		Date of Accident/Incident / / mo day year	Accident/Incident No.	Location of Accid	
	Causes reported or	n Form FRA F 6180.54		<u> </u>	
Applicable to this person?	Code 1	Description			
Yes No					
Yes No					
Employee's Name (First, midd	lle, last)	lob Title on Date of Accide	nt Name of Employ	ring Railroad on Da	nte of Accident/Incident
Employee's Home Address or	RFD No.				
Notice to Recipient. An act the physical condition of a rail be the primary or only person contributing cause(s) of this at the railroad's report; a copy of You may submit a statement submit such a statement is ent of this form.	road employee. The responsible for the coident are those lis which is attached. to FRA with a copy	e railroad is sending you th accident's occurrence. The ted above. Other causal fa to this railroad and comme	ais notice because it believe e railroad has reported to F ectors related to this event in ent on any aspect of the rai	es that you had a ro RA that the primar may be described in ilroad's report. The	ole, but may not necessarily y and/or major the narrative portion of decision whether to
Name of Railroad Representat	ive	Signature of Railroad Re	epresentative	Date Signed	Date Mailed/Hand Delivered
PART II - EMPLOYEE STA Willful false staten	1971 - 19 Left Tugggelft, is boulde a nor un as dorfno.	EMENTING RAILROAD imposition of civil penal	No. 1 To State Country of Laborator Salat	o be completed by	notified person)
There College Addition			Continue statement on sep	parate sheet, if requ	ired, and mail with statement)
I have carefully read this stater best of my knowledge and beli		iat it is true to the	Date Mailed/Hand Deliver	ered to FRA:	
Signature		Date Signed	Date Mailed/Hand Deliver	ered to Railroad: _	
Your Telephone Number	Home address	s, if different from address	in Part I		
Home: () Work: ()					
NOTE: This Notice and Employereports statute and, as simulater mentioned in said	vee Supplement under uch, shall not "be adm d report " 49 USC	49 CFR 225.12 are part of the itted as evidence or used for as 20903. See 49 CFR 225.7 (e reporting railroad's acciden ny purpose in any suit or action).	t report to FRA pursu on for damages growi	ant to the accidenting out of any

INSTRUCTIONS TO NOTIFIED RAILROAD EMPLOYEE

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Please print or type. If more room is needed, you may continue on additional pieces of paper.

You may attach any relevant supporting documents and photographs.

You may comment on the accuracy of any aspect of the railroad's report of this accident.

You have 35 days from the date that the notice was mailed or hand delivered to you. If you are unable to meet this deadline, you must provide an explanation of the reasons for the delay.

The original copy of this form, attachments, and supporting documents are to be mailed to:

Federal Railroad Administration Office of Safety Analysis (RRS-22) 400 Seventh Street, S.W. Washington, DC 20590

You must also provide a copy to the notifying railroad and retain one copy for your records..

Be sure to sign and date the supplement.

FORM FRA F 6180-78

NOTICE TO RAILROAD EMPLOYEE INVOLVED IN RAIL EQUIPMENT ACCIDENT/INCIDENT ATTRIBUTED TO EMPLOYEE HUMAN FACTOR

EMPLOYEE STATEMENT SUPPLEMENTING RAILROAD ACCIDENT REPORT

DEPARTMENT OF TRANSPORTATION

TEBERAE RAIEROAD ADMINISTRATION	TO THE COURSE OF STREET	Report on Margar agrees and by	1.3. (5.27.)	NOSCO ANTONIO DE LA PROPERTICIO	0.808. 0.10	OMB Approval No.: 2130-050
	ROAD EMPLO	YEE INVOLVED IN RAIL			···	
Name of Reporting Railroad		Date of Accident/Incident	Accide	lent/Incident No.	Location of Acci (State, nearest cir	
	Ţ	mo day year	<u></u>			
		d on Form FRA F 6180.54				
Applicable to this person?	Code	Description		· · · · · · · · · · · · · · · · · · ·		
Yes No				<u></u>		
Yes No						
Employee's Name (First, mide	ile, last)	Job Title on Date of Accide	ent	Name of Employ	ying Railroad on D	eate of Accident/Incident
Employee's Home Address or	RFD No.	<u> </u>				***************************************
Notice to Recipient. An act the physical condition of a rail be the primary or only person contributing cause(s) of this at the railroad's report; a copy of You may submit a statement submit such a statement is ent of this form.	ilroad employee. The sponsible for the accident are those of which is attached to FRA with a column at the sponsible from the s	he accident's occurrence. The listed above. Other causal fadd.	this notice ac railroad actors rela	the because it believed has reported to Flated to this event in the second state of the rainty aspect of the raint	ves that you had a ro FRA that the primar may be described in ailroad's report. The	role, but may not necessarily ry and/or major in the narrative portion of the decision whether to
Name of Railroad Representat	tive	Signature of Railroad Re	epresent	ative	Date Signed	Date Mailed/Hand Delivered
PART II - EMPLOYEE STA Willful false staten		in imposition of civil penalt	lties.			
Y 1 Gilly mand this states	1 6		Continu	e statement on ser	parate sheet, if requ	uired, and mail with statement)
I have carefully read this stater best of my knowledge and beli		that it is true to the	Date N	failed/Hand Deliv	rered to FRA:	
Signature	 ;	Date Signed	Date N	Iailed/Hand Deliv	rered to Railroad: _	
Your Telephone Number		ress, if different from address	in Part I			
Home: ()						
Work: _()						
NOTE: This Notice and Employ reports statute and, as su matter mentioned in said	/ee Supplement und ich, shall not "be ad d report " 49 U	der 49 CFR 225.12 are part of the dmitted as evidence or used for ar ISC 20903. See 49 CFR 225.7 (b	reportir ny purpor (b).	ng railroad's accident se in any suit or acti	t report to FRA pursu on for damages grow	ant to the accident ing out of any

INSTRUCTIONS TO NOTIFIED RAILROAD EMPLOYEE

If you wish to provide a statement supplementing the railroad's report of the accident described in Part I, you must complete Part II of this form. Failure to provide a supplement does not constitute consent to any of the railroad's allegations.

If you choose to submit a supplement, you must also send a copy to the reporting railroad shown in Part I. This railroad is required to review your supplement and determine whether the railroad's report to the Federal Railroad Administration (FRA) needs to be revised. Supplements become part of the railroad's accident report to FRA and are available to others through the Freedom of Information Act. If you wish to submit confidential information to the FRA, do not use this form. Instead, you should use another means of communications, such as, a confidential letter addressed to your collective bargaining representative, or to the FRA, Office of Safety Assurance and Compliance, 400 Seventh Street, S.W., Washington, DC 20590.

Please print or type. If more room is needed, you may continue on additional pieces of paper.

You may attach any relevant supporting documents and photographs.

You may comment on the accuracy of any aspect of the railroad's report of this accident.

You have 35 days from the date that the notice was mailed or hand delivered to you. If you are unable to meet this deadline, you must provide an explanation of the reasons for the delay.

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Federal Railroad Administration Office of Safety Analysis (RRS-22) 400 Seventh Street, S.W. Washington, DC 20590

You must also provide a copy to the notifying railroad and retain one copy for your records..

Be sure to sign and date the supplement.

FORM FRA F 6180-78

NOTICE TO RAILROAD EMPLOYEE INVOLVED IN RAIL EQUIPMENT ACCIDENT/INCIDENT ATTRIBUTED TO EMPLOYEE HUMAN FACTOR

EMPLOYEE STATEMENT SUPPLEMENTING RAILROAD ACCIDENT REPORT

EDERAL RAILROAD ADMINISTRATION	(FRA)				OMB Approval No.: 2130
PART I - NOTICE TO RAIL	ROAD EMPLO	YEE INVOLVED IN RAIL	EQUIPMENT ACCIDE	NT (To be comp	leted by reporting railroad)
Name of Reporting Railroad		Date of Accident/Incident	Accident/Incident No.	Location of Ac (State, nearest	cident/Incident
	Causes reported	mo day year I on Form FRA F 6180.54			
Applicable to this person?	Code	Description			
	Code	Description			
☐ Yes ☐ No					
Yes No	 				
Employee's Name (First, midd	le, last)	Job Title on Date of Accide	ent Name of Emplo	ying Railroad on I	Date of Accident/Incident
Employee's Home Address or	RFD No.				
the physical condition of a raile the primary or only person a contributing cause(s) of this acterial railroad's report; a copy of ou may submit a statement the library submit such a statement is entificially form.	esponsible for the cident are those which is attached of FRA with a column to the colu	The railroad is sending you the accident's occurrence. The listed above. Other causal fall.	nis notice because it believe railroad has reported to I actors related to this event	ves that you had a FRA that the primary be described	in the narrative portion of
ame of Railroad Representati	ve	Signature of Railroad Re	epresentative	Date Signed	Date Mailed/Hand Deliver
ART II - EMPLOYEE STATEM	TEMENT SUPP	LEMENTING RAILROAD in imposition of civil penal	ACCIDENT REPORT (To be completed by	y notified person)
		(1	Continue statement on se	parate sheet, if req	uired, and mail with statement
nave carefully read this statem est of my knowledge and belie	ent and confirm f.	that it is true to the	Date Mailed/Hand Deliv	ered to FRA:	
Signature		Date Signed	Date Mailed/Hand Deliver	ered to Railroad:	
our Telephone Number	Home addre	ess, if different from address i	in Part I		
ome: ()					
ork: ()					
		er 49 CFR 225.12 are part of the mitted as evidence or used for an iC 20903. See 49 CFR 225.7 (b		report to FRA purs on for damages grow	uant to the accident ring out of any

INSTRUCTIONS TO NOTIFIED RAILROAD EMPLOYEE

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Please print or type. If more room is needed, you may continue on additional pieces of paper.

You may attach any relevant supporting documents and photographs.

You may comment on the accuracy of any aspect of the railroad's report of this accident.

You have 35 days from the date that the notice was mailed or hand delivered to you. If you are unable to meet this deadline, you must provide an explanation of the reasons for the delay.

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Federal Railroad Administration Office of Safety Analysis (RRS-22) 400 Seventh Street, S.W. Washington, DC 20590

You must also provide a copy to the notifying railroad and retain one copy for your records..

Be sure to sign and date the supplement.

FORM FRA F 6180-78

HIGHWAY-RAIL GRADE CROSSING ACCIDENT/INCIDENT REPORT

OMB	Approva!	No.:	2130-0500

1. Name of Reporting Railroad					1:	1a. Alphabetic Code				1b. Railroad Accident/Incident No.		
2. Name of Other Railroad Involved	in Train Accident/Incide	nt			24	a. Alphabetic (Code			2b. Railroad Accident/Incident No.		
3. Name of Railroad Responsible for	Track Maintenance	(single entry)			3:	3a. Alphabetic Code 3b.			3b. Railroad Acc	o. Railroad Accident/Incident No.		
4. U. S. DOT-AAR Grade Crossing I	dentification Number				5.	5. Date of Accident/Incident 6. Time of Accident/Incident month day year				1 🗀		
7. Nearest Railroad Station		8.	. Division				9. County				AM	PM L
			-				,				A	obr.
11. City (if in a city)		-			12. H	ighway Name o	or Number					
	Highway User Inv	volved	·					Rail Ed	quipment	Pub Involved	uc	Private
13. Type C. Truck-trailer A. Auto D. Pick-up truck	F. Bus G. School bus	J. Other moto		Code	H	quipment	ar.	3. Train (stane		6. Light loco(s)	(moving)	Code
B. Truck E. Van	H. Motorcycle	K. Pedestriar M. Other (s		<u></u>	2.	Train <i>(units p</i> Train <i>(units p</i>	ushing)	4. Car(s) (mo 5. Car(s) (sta		7. Light loco(s) 8. Other (speci	(standing) ify)	
14. Vehicle Speed (est. mph at impact)	15. Direction (geographical) South 3. East 4	1. West	Code	18. P	osition of Car U	Init in Train					
16. Position				Code	ll	ircumstance					********	Code
Stalled on crossing 2. Stoppe 20a. Was the highway user and/or re		ng over crossing 4	4. Trapped	Code	 	Rail equipmen Was there a ha			ail equipm	ent struck by high	way user	Code
in the impact transporting haza 1. Highway user 2. Rail ec	rdous materials?	4. Neither				1. Highway use		il equipment	3. Bot	th 4. Neither		
20c. State here the name and quanti	· · · · · · · · · · · · · · · · · · ·		y.	<u> </u>	I		-					ı
	00.35.335. //	· · · · · · · · · · · · · · · · · · ·			T							
21. Temperature (specify if minus) O F	22. Visibility (sing 1. Dawn 2. Da	g <i>ie entry)</i> ny 3. Dusk 4. Da	ark	Code	1	eather (single). Clear 2. Clo		n 4. Fog 5.	Sleet 6.	Snow		Code
	ht train 4. Worl enger train 5. Singl		d/switching nt loco(s)	Code		rack Type Used quipment Invol			Co	de 26. Trac	k Number or	Name
	nuter train 6. Cut o	of cars 9. Mai	nt./inspect. car		<u>. </u>	Main 2. Yard			<u></u> ,			···
27. FRA Track Class (1-6, X)	28. Number of Locomotive Unit		29. Number of Cars	1	Consist S R - Recor E - Estim	ded if av	rded ailable)	мрн	ode	31. Time Table D	3. East	Code
32. Type of 1. Gates	4. Wig wags	7. Cross		ged by crew	- Esum	33. Signaled	Crossing War		Co	2. South	4. West stle Ban	Code
Crossing 2. Cantilever FLS Warning 3. Standard FLS	5. Hwy. traffic sign 6. Audible	nals 8. Stop s 9. Watch		er (specify) ne		(See reve side for	erse		1	1. Y 2. N		1
Code(s)						side jor				3. U	nknown	
35. Location of Warning 1. Both sides		Code 36	 Crossing Warning with Highway Signature 		d		Code		ig Illumine or Special	ated by Street Lights		Code
Side of vehicle approach Opposite side of vehicle appro	ach		1. Yes 2. No 3. Unknown					1. Yes 2. No 3. Unk	nown			
38. Driver's 39. Driver's Gender	Code 40. D	Priver Drove Behir	nd or in Front of Tra Struck by Second Tr	uin rain		Code	41. Driver	ve around or thr	u the cote	4 Stopped	on crossing	Code
1. Male 2. Female	1	. Yes 2. N	•				2. Stop	pped and then pr not stop		5. Other (
42. Driver Passed Standing Highway Vehicle	Со		w of Track Obscure	d by <i>(prim</i>	ary obsti		L					Code
1. Yes 2. No 3. Unknow	n		ermanent structure tanding railroad equ	iipment		Passing train Topography		5. Vegetatio 6. Highway		7. Other 8. Not ob	(specify) ostructed	
Casualties to:	Killed		Injured	44. Driver w		red 3. Uninju	red	Code 45	. Was Dr 1. Yes	iver in the Vehicle	?	Code
46. Highway-Rail Crossing Users				47. Highway (est. doll		Property Dama	ıge	48		umber of Highway le driver)	-Rail Crossing	, Users
49. Railroad Employees						People on Train		51		l Equipment Accid t Report Being File		Code
52. Passengers on Train				(Incade	praseng	ers ana train C	rew)		1. Yes		2. No	
53a. Special Study Block					53Ъ. S	pecial Study Bl	ock	<u> </u>				
54. Narrative Description (Be spec	ific, and continue on											
	y.c., and commute off								· · · · · · · · · · · · · · · · · · ·			
		1-4-0.0		-							•	

55. Typed Name and Title			56. Signature	•						57. Date		

Only if Types 1 - 6, Item 32 are indicated, mark in Block 33 the status of the warning devices at the crossing at the time of the accident, using the following codes:

- 1. Provided minimum 20-second warning.
- 2. Alleged warning time greater than 60 seconds.
- 3. Alleged warning time less than 20 seconds.
- 4. Alleged no warning.
- 5. Confirmed warning time greater than 60 seconds.
- 6. Confirmed warning time less than 20 seconds.
- 7. Confirmed no warning.

- A. Insulated rail vehicle.
- B. Storm/lightning damage.
- C. Vandalism.
- D. No power/batteries dead.
- E. Devices down for repair.
- F. Devices out of service.
- G. Warning time greater than 60 seconds attributed to accident-involved train stopping short of the crossing, but within track circuit limits, while warning devices remain continuously active with no other in-motion train present.
 - H. Warning time greater than 60 seconds attributed to track circuit failure (e.g., insulated rail joint or rail bonding failure, track or ballast fouled, etc.).
 - J. Warning time greater than 60 seconds attributed to other train/equipment within track circuit limits.
 - K. Warning time less than 20 seconds attributed to signals timing out before train's arrival at the crossing/island circuit.
 - L. Warning time less than 20 seconds attributed to train operating counter to track circuit design direction.
 - M. Warning time less than 20 seconds attributed to train speed in excess of track circuit's design speed.
 - N. Warning time less than 20 seconds attributed to signal system's failure to detect train approach.
 - P. Warning time less than 20 seconds attributed to violation of special train operating instructions.
 - R. No warning attributed to signal system's failure to detect the train.
 - S. Other cause(s). Explain in Narrative Description.

HIGHWAY-RAIL GRADE CROSSING ACCIDENT/INCIDENT REPORT

CCIDENT/INCIDENT REPORT	OMB Approval No.: 2130-0500

1. Name of Reporting Railroad		-		la. Alphabetic C	Code	1b. Railroad Accident/Incident No.			
2. Name of Other Railroad Involved	l in Train Accident/Incident		·	2a. Alphabetic C	Code	2b. Railroad Accident/Incident No.			
3. Name of Railroad Responsible fo	τ Track Maintenance (sing	(le entry)		3a. Alphabetic C	3a. Alphabetic Code 3b. Railroad Accident/Incid				
4. U.S. DOT-AAR Grade Crossing	Identification Number			5. Date of Accide month	ent/Incident day year	6. Time of Accident/Incident AM PM			
7. Nearest Railroad Station		8. Division			9. County	10. State Code Abbr.			
11. City (if in a city)				12. Highway Name o	т Number	Public Private			
	Highway User Involved				Rail Equipmen				
13. Type C. Truck-trailer A. Auto D. Pick-up truck B. Truck E. Van	G. School bus	Other motor vehicle Pedestrian Other (specify)	Code	17. Equipment 1. Train (units po 2. Train (units po		6. Light loco(s) (moving) Code 7. Light loco(s) (standing) 8. Other (specify)			
14. Vehicle Speed (est. mph at impact)	15. Direction (geogr 1. North 2. South	aphical) n 3. East 4. West	Code	18. Position of Car U	nit in Train				
16. Position 1. Stalled on crossing 2. Stopp	ed on crossing 3. Moving ove	r crossing 4. Trapped	Code	19. Circumstance	t struck highway user 2. Rail equip	Code			
20a. Was the highway user and/or			Code		ardous materials release by	Code			
in the impact transporting haz 1. Highway user 2. Rail e	quipment 3. Both	4. Neither		1. Highway user	2. Rail equipment 3. B	oth. 4. Neither			
20c. State here the name and quant	ity of the hazardous material re	leased, if any.							
21. Temperature (specify if minus) O F		•	Code :	23. Weather (single e		Code			
24. Type of Equipment 1. Frei	1. Dawn 2. Day 3. ght train 4. Work trair		Code :	1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow 25. Track Type Used by Rail Code 26. Track Number or Name					
	renger train 5. Single car amuter train 6. Cut of care	8. Light loco(s). 9. Maint./inspect. car		Equipment Involv	ved 3. Siding 4. Industry				
Class (1-6, X) Locomotive Units of Cars				nsist Speed (Recor Recorded if and Estimated	rded Code ailable) MPH	31. Time Table Direction Code 1. North 3. East 2. South 4. West			
32. Type of 1. Gates Crossing 2. Cantilever FL	4. Wig wags S 5. Hwy. traffic signals		agged by crew ther (specify)	33. Signaled (Crossing Warning (Code 34. Whistle Ban Code			
Warning 3. Standard FLS		9. Watchman 12. No		(See rever	rse	1. Yes 2. No			
Code(s) 35. Location of Warning		ode 36. Crossing Warni	ng Interconnected		Code 37. Crossing Illumi	3. Unknown nated by Street Code			
1. Both sides	-	with Highway S			Lights or Speci				
Side of vehicle approach Opposite side of vehicle appr	oach	1. Yes 2. No 3. Unknown			1. Yes 2. No 3. Unknown				
38. Driver's 39. Driver's Gende		Drove Behind or in Front of Tr uck or was Struck by Second T		Code	41. Driver 1. Drove around or thru the ga	Code te 4. Stopped on crossing			
1. Male 2. Female	1. Yes	2. No 3. Unko			Stopped and then proceeded Did not stop				
42. Driver Passed Standing Highway Vehicle	Code	43. View of Track Obscur 1. Permanent structure		y obstruction) 3. Passing train	5. Vegetation	Code 7. Other (specify)			
1. Yes 2. No 3. Unknow	vn	2. Standing railroad eq	quipment	4. Topography	6. Highway vehicles	8. Not obstructed			
Casualties to:	Killed	Injured	44. Driver was	2. Injured 3. Uninjur	1 1	Oriver in the Vehicle? Code 2. No			
46. Highway-Rail Crossing Users			47. Highway Ve (est. dollar	ehicle Property Dama damage)		Number of Highway-Rail Crossing Users ude driver)			
49. Railroad Employees				per of People on Train	In aide	ail Equipment Accident/ Code ont Report Being Filed?			
52. Passengers on Train		- ****		Ü	l. Ye	2. No			
53a. Special Study Block			3	33b. Special Study Blo	ock				
54. Narrative Description (Be spe	cific, and continue on		<u> 1</u>						
		-							
55. Typed Name and Title		56. Signature	e			57. Date			

Only if Types 1 - 6, Item 32 are indicated, mark in Block 33 the status of the warning devices at the crossing at the time of the accident, using the following codes:

- 1. Provided minimum 20-second warning.
- 2. Alleged warning time greater than 60 seconds.
- 3. Alleged warning time less than 20 seconds.
- 4. Alleged no warning.
- 5. Confirmed warning time greater than 60 seconds.
- 6. Confirmed warning time less than 20 seconds.
- 7. Confirmed no warning.

- A. Insulated rail vehicle.
- B. Storm/lightning damage.
- C. Vandalism.
- D. No power/batteries dead.
- E. Devices down for repair.
- F. Devices out of service.
- G. Warning time greater than 60 seconds attributed to accident-involved train stopping short of the crossing, but within track circuit limits, while warning devices remain continuously active with no other in-motion train present.
 - H. Warning time greater than 60 seconds attributed to track circuit failure (e.g., insulated rail joint or rail bonding failure, track or ballast fouled, etc.).
 - J. Warning time greater than 60 seconds attributed to other train/equipment within track circuit limits.
 - K. Warning time less than 20 seconds attributed to signals timing out before train's arrival at the crossing/island circuit.
 - L. Warning time less than 20 seconds attributed to train operating counter to track circuit design direction.
 - M. Warning time less than 20 seconds attributed to train speed in excess of track circuit's design speed.
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 - P. Warning time less than 20 seconds attributed to violation of special train operating instructions.
 - R. No warning attributed to signal system's failure to detect the train.
 - S. Other cause(s). Explain in Narrative Description.

DEPARTMENT OF TRANSPORTATION

HIGHWAY-RAIL GRADE CROSSING ACCIDENT/INCIDENT REPORT

FEDERAL RAILROAD ADMINIST	CATION (FRA)			ACCID.	EI I I I I	11712	IVI KEFO	- A					OME App	TOVE NO.: 2130-03
Name of Reporting Railroad						1a. Alphabetic Code 1b.				lb. R	ailroad Accide	nt/Incident l	No.	
2. Name of Other Railroad Involved	in Train Accident/I	Incident				1	2a. Alphabetic (Code			2b. R	ailroad Accide	nt/Incident l	No.
3. Name of Railroad Responsible fo	r Track Maintenance	e (single e	ntry)			1	3a. Alphabetic Code 3b. Railroad Accident/Incident No.				No.			
4. U. S. DOT-AAR Grade Crossing	Identification Numb	per				1	5. Date of Accide		ient day	year	6. Tin	ne of Accident	/Incident	
							1	<u> </u>	1				AM L	РМ 🗀
7. Nearest Railroad Station			8. Divis	rion				9. Co	unty				10. Sta Ab	
11. City (if in a city)						12. 1	Highway Name o	or Numb	er			Public	П	Private _
	Highway Us	er Involved								Rail Equip	ment Involve			riivate
13. Type C. Truck-trailer	F. Bus	J. O	ther motor veh	icle	Code	17. 1	Equipment		3. Trai	n (standing) 6. Li	ght loco(s)	(moving)	Code
A. Auto D. Pick-up truck B. Truck E. Van	G. School bu H. Motorcyc	15 K. P	edestrian Other <i>(specify</i>				1. Train <i>(units p</i> 2. Train <i>(units p</i>		4. Car	(s) (moving (s) (standin) 7. Li		(standing)	
14. Vehicle Speed (est. mph at impact)		tion <i>(geograph</i> th 2. South 3		t	Code	18. 1	Position of Car U	Init in Ti	rain					
16. Position 1. Stalled on crossing 2. Stopp	ed on crossing 3.1	Moving over cr	ossing 4. Trap	pped	Code	l	Circumstance 1. Rail equipmen	t struck	highway we	r 2. Raile	quipment str	uck by highwa	y user	Code
20a. Was the highway user and/or					Code	Ψ	Was there a haz							Code
in the impact transporting haz	ardous materials?		Neither				1. Highway use		2. Rail equip	-	3. Both	4. Neither		
20c. State here the name and quan					L	J			· · · · · ·					
	100					T								
21. Temperature (specify if minus) o F	1	(single entry)	d. 4 Ded		Code	i	Weather (single		. D.: 4 D					Code
	-	2. Day 3. Du			Code	-	1. Clear 2. Clo			og 3. Siee	Code	26 T	Number or N	<u> </u>
Consist 2. Pas	st 2. Passenger train 5. Single car 8. Light loco(s).				1	Frack Type Used Equipment Invol· 1. Main 2. Yard	ved		_{mv}	Code	26. Track	Number of F	Aame	
27. FRA Track	28. Number of		29.	Number	30. 0	Consist :				Code	31. T	ime Table Dire	etion	Code
Class (1-6, X)	Locomotive	e Units	of Cars R -			R - Reco	orded if av	railable)	МРН		1.	North :	3. East 4. West	
32. Type of 1. Gates	4. Wig wags		7. Crossbucks	10. Flag	ged by crew		33. Signaled	Crossing	g Warning		Code	34. Whistl	e Ban	Code
Crossing 2. Cantilever FI Warning 3. Standard FLS			8. Stop signs 9. Watchman	11. Oth 12. Nor	er (specify)		(See reve	rse				1. Yes		
Ī	0. Audiore	<u> </u>	y. Waterunan	12. 1461	·- T		side for					2. No		
Code(s)												3. Unk	nown	
35. Location of Warning		Code		ossing Warnin h Highway Si	g Interconnecte mals	:d		Co	de 37.		luminated by pecial Lights			Code
Both sides Side of vehicle approach		,	1. 3		<i>y</i>			ı		1. Yes				
3. Opposite side of vehicle appr	oach		2. 1	No				Ì		2. No				
				Jnknown						3. Unknow	n			
38. Driver's 39. Driver's Gende	r Code	 Driver Dro and Struck 	ve Behind or i or was Struck				Code	41. D	иvет . Drove arou	nd or thru th	e gate	4. Stopped or	n crossing	Code
l. Male 2. Female		1. Yes	2. No	3. Unkn				2.	. Stopped and . Did not stop	then proce		5. Other (spe		
42. Driver Passed Standing Highway Vehicle		Code	43. View of T	Track Obscure	d by <i>(prim</i>	ary obs	truction)							Code
1. Yes 2. No 3. Unknown	vn.			nent structure ng railroad equ			3. Passing train 4. Topography			/egetation Iighway veh	icles	7. Other (s) 8. Not obst		
Casualties to:	Killed		Injure	ed	44. Driver w		ured 3. Uninju	red	Code	- 1	/as Driver in Yes	the Vehicle?		Code
46. Highway-Rail Crossing Users						Vehicle	e Property Dams		1	48. T		of Highway-R	ail Crossing	Users
49. Railroad Employees					50. Total Nu	mber of	f People on Trair			51. Is	a Rail Equip	oment Acciden		Code
52. Passengers on Train	(include)				passen	ngers and train c	rew)			Yes	2. 1			
	1					521	S	11						
53a. Special Study Block					·	53b.	Special Study Bi	iock	·· —,·· — — —					
54. Narrative Description (Be sp	ecific, and continue	on												
	 													
			·											
55. Typed Name and Title				56. Signature							-	57. Date		***************************************
				o-granute								J. Date		

Only if Types 1 - 6, Item 32 are indicated, mark in Block 33 the status of the warning devices at the crossing at the time of the accident, using the following codes:

- 1. Provided minimum 20-second warning.
- 2. Alleged warning time greater than 60 seconds.
- 3. Alleged warning time less than 20 seconds.
- 4. Alleged no warning.
- 5. Confirmed warning time greater than 60 seconds.
- 6. Confirmed warning time less than 20 seconds.
- 7. Confirmed no warning.

- A. Insulated rail vehicle.
- B. Storm/lightning damage.
- C. Vandalism.
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- F. Devices out of service.
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 - L. Warning time less than 20 seconds attributed to train operating counter to track circuit design direction.
 - M. Warning time less than 20 seconds attributed to train speed in excess of track circuit's design speed.
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 - P. Warning time less than 20 seconds attributed to violation of special train operating instructions.
 - R. No warning attributed to signal system's failure to detect the train.
 - S. Other cause(s). Explain in Narrative Description.

HIGHWAY-RAIL GRADE CROSSING ACCIDENT/INCIDENT REPORT

OMB	American No.	713A_05A0

											starp vebb	1012110: 2150 0500
1. Name of Reporting Railroad					la. Alphabetic Code lb.				1b. R	b. Railroad Accident/Incident No.		
2. Name of Other Railroad Involved	in Train Accident/Incident			<u> </u>	2a. Al	phabetic (Code		2b. R	tailroad Accident	/Incident l	No.
3. Name of Railroad Responsible for	Track Maintenance (s	ingle entry)			3a. Al	3a. Alphabetic Code 3b. Ro			tailroad Accident	/Incident l	No.	
4. U. S. DOT-AAR Grade Crossing I	dentification Number	1		•		of Accide	ent/Incident day	year	6. Tir	ne of Accident/Ir	icident	
		<u> </u>				<u></u>		<u> </u>		A	мШ	РМ
7. Nearest Railroad Station		8. E	Division				9. County				10. Star Abl	
11. City (if in a city)					12. Highwa	y Name o	or Number			Public		Private
	Highway User Invol	red						Rail Equ	ipment Involv	ed		
13. Type C. Truck-trailer A. Auto D. Pick-up truck B. Truck E. Van	F. Bus G. School bus H. Motorcycle	J. Other motor K. Pedestrian M. Other (spe		Code		nent n <i>(units p</i> n <i>(units p</i>	ulling) 4	3. Train <i>(standii</i> 4. Car(s) <i>(movi</i> 5. Car(s) <i>(stand</i>	ng) 7. Li		oving) anding)	Code
14. Vehicle Speed (est. mph at impact)	15. Direction (geo			Code	18. Positio			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(43)/		
16. Position				Code	19. Circum	stance						Code
Stalled on crossing 2. Stoppe 20a. Was the highway user and/or re		ver crossing 4. 1	Trapped	Code					equipment str	uck by highway i	user	
in the impact transporting haza				Code			zardous materia	•				Code
1. Highway user 2. Rail ed	<u> </u>	4. Neither			I. Hig	thway use	T 2. Raul	equipment	3. Both	4. Neither	-	
20c. State here the name and quanti	ty of the nazardous material	released, if any.										
21. Temperature (specify if minus)	22. Visibility (single	entry)		Code	23. Weathe	त (single	entry)					Code
° F	1. Dawn 2. Day	3. Dusk 4. Dark	k		1. Clea	r 2. Clo	udy 3. Rain	4. Fog 5. Sl	eet 6. Snow			
	ht train 4. Work tr enger train 5. Single conuter train 6. Cut of co	ar 8. Lightl	rwitching loco(s). /inspect.car	Code		ent Invol		Industry	Code	26. Track-Nu	ımber or N	iame
27. FRA Track	28. Number of	2	9. Number	30. Co	onsist Speed	(Reco	rded	Cod	e 31. T	ime Table Direct	ion	Code
Class (1-6, X)	Locomotive Units		of Cars		- Recorded - Estimated	ij av	railable) 1	мрн			East West	
32. Type of 1. Gates Crossing 2. Cantilever FLS	4. Wig wags 5. Hwy. traffic signal	7. Crossbu 8. Stop sign		ged by crew er (specify)	- 1	-	Crossing Warn	ing	Code	34. Whistle I	Ban	Code
Warning 3. Standard FLS	6. Audible	9. Watchm			- 1	(See reve side for	rse		ı	1. Yes 2. No		ſ
Code(s)					L	side joi		,		3. Unkno	wn	
35. Location of Warning 1. Both sides			Crossing Warning with Highway Sig				Code	37. Crossing Lights or	Illuminated by Special Lights			Code
Side of vehicle approach Opposite side of vehicle appro	ach		1. Yes 2. No				l	1. Yes 2. No				1
3. Opposite side of venicle appro	acit		3. Unknown					3. Unkno	₩n			
38. Driver's 39. Driver's Gender			or in Front of Tra uck by Second Tr			Code	41. Driver 1. Drove	around or thru	the gate	4. Stopped on c	rossing	Code
1. Male 2. Female	1. Y	es 2. No	3. Unkne	own				ed and then proc		5. Other (speci		
42. Driver Passed Standing Highway Vehicle	Code	l l	of Track Obscure	d by (prima	ry obstructio					# O		Code
1. Yes 2. No 3. Unknow	n		manent structure nding railroad equ		4. Topo	ing train graphy		5. Vegetation 6. Highway ve		7. Other (spe 8. Not obstruc		
Casualties to:	Killed	In	njuređ	44. Driver wa 1. Killed	as 2. Injured	3. Uninin		Į.	Was Driver in 1. Yes	the Vehicle?		Code
46. Highway-Rail Crossing Users				47. Highway						of Highway-Rail	Crossing	Users
49. Railroad Employees				50. Total Nurr	ber of Peopl					pment Accident/ ort Being Filed?		Code
52. Passengers on Train				,	- <u> </u>		•		l. Yes	2. No	,	
53a. Special Study Block		•			53b. Specia	l Study B	lock	L				
54. Narrative Description (Be spe-	cific, and continue on			<u> </u>								
55. Typed Name and Title			56. Signature							57. Date		
			1									

Only if Types 1 - 6, Item 32 are indicated, mark in Block 33 the status of the warning devices at the crossing at the time of the accident, using the following codes:

- 1. Provided minimum 20-second warning.
- 2. Alleged warning time greater than 60 seconds.
- 3. Alleged warning time less than 20 seconds.
- 4. Alleged no warning.
- 5. Confirmed warning time greater than 60 seconds.
- 6. Confirmed warning time less than 20 seconds.
- 7. Confirmed no warning.

- A. Insulated rail vehicle.
- B. Storm/lightning damage.
- C. Vandalism.
- D. No power/batteries dead.
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 - R. No warning attributed to signal system's failure to detect the train.
 - S. Other cause(s). Explain in Narrative Description.

HIGHWAY-RAIL GRADE CROSSING ACCIDENT/INCIDENT REPORT

EDERAL RAILROAD ADMINISTR	ATION (FRA)	ACCIDI	ENT/INCI	DENT REPO	RT		OMB Approval N	o.: 2130-0500
1. Name of Reporting Railroad				1a. Alphabetic C	Code		1b. Railroad Accident/Incident No.	
2. Name of Other Railroad Involved	in Train Accident/Incident		111111111111111111111111111111111111111	2a. Alphabetic C	Code		2b. Railroad Accident/Incident No.	
3. Name of Railroad Responsible for	Track Maintenance (sing	zle entry)		3a. Alphabetic C	Code		3b. Railroad Accident/Incident No.	
4. U. S. DOT-AAR Grade Crossing 1	dentification Number			5. Date of Accide month	mt/Incident day	year	6. Time of Accident/Incident	
7. Nearest Railroad Station		8. Division			9. County		AM	PM
	,				-		Abbr.	
11. City (if in a city)				12. Highway Name o	r Number		Public Priv	ate 🔲
	Highway User Involved					Rail Equipment		
13. Type C. Truck-trailer A. Auto D. Pick-up truck B. Truck E. Van	A. Auto D. Pick-up truck G. School bus K. Pedertrian B. Truck E. Van H. Motorcycle M. Other (specify)			17. Equipment 3. Train (standing) 6. Light loco(e) (moving) 1. Train (units pulling) 4. Car(e) (moving) 7. Light loco(e) (standing) 2. Train (units pushing) 5. Car(e) (standing) 8. Other (specify)				
14. Vehicle Speed (est. mph at impact)		naphical) h 3. East 4. West	Code	18. Position of Car U	nit in Train			
16. Position 1. Stalled on crossing 2. Stoppe	ed on crossing 3. Moving ove	er crossing 4. Trapped	Code	19. Circumstance 1. Rail equipment	t struck highway user	2. Rail equipm	nent struck by highway user	Code
20a. Was the highway user and/or r in the impact transporting haza		· · · ·	Code	20b. Was there a haz			<u> </u>	Code
Highway user Rail ea		4. Neither		1. Highway use	r 2. Rail equipm	nent 3. Bo	oth 4. Neither	
20c. State here the name and quanti	ty of the hazardous material re	leased, if any	, , , , , , , , , , , , , , , , , , , ,					
21. Temperature (specify if miras)	22. Visibility (single en	try)	Code	23. Weather (single	entry)			Code
° F	1. Dawn 2. Day 3.	Dusk 4. Dark		1. Clear 2. Clo	udy 3. Rain 4. Fo	og 5. Sleet 6	5. Snow	
24. Type of Equipment 1. Freig			Code	25. Track Type Used		C	ode 26. Track Number or Name	1
	enger train 5. Single car muter train 6. Cut of car	8. Light loco(#). 9. Maint./inspect. car		Equipment Involvation 1. Main 2. Yard				
27. FRA Track	28. Number of	29. Number	30. Co	nsist Speed (Reco	31. Time Table Direction	Code		
Class (1-6, X)	Locomotive Units	of Cars	R-	Recorded if an	1. North 3. East 2. South 4. West			
32. Type of 1. Gates Crossing 2. Cantilever FL Warning 3. Standard FLS	4. Wig wags 5. Hwy. traffic signals 6. Audible		ged by crew er (specify)	33. Signaled	Crossing Warning	C	ode 34. Whistle Ban	Code
Code(s)	J. Audole	3. Waterman 12. Non		side for			2. No 3. Unknown	
35. Location of Warning	C	ode 36. Crossing Warning				Crossing Illumin	nated by Street	Code
1. Both sides		with Highway Sig	gnals		!	Lights or Specia	d Lights	
Side of vehicle approach Opposite side of vehicle appro-	pach	1. Yes 2. No 3. Unknown				1. Yes 2. No 3. Unknown		
38. Driver's 39. Driver's Gende Age 1. Male 2. Female		Drove Behind or in Front of Track or was Struck by Second Tr 2. No 3. Unkno	rain	Code	Code 41. Driver 1. Drove around or thru the gate 2. Stopped and then proceeded 3. Did not stop 3. Did not stop			Code
42 Driver Passed Standing	Code	43. View of Track Obscure	ed by (prima)	ry obstruction)			L	Code
Highway Vehicle 1. Yes 2. No 3. Unknow	m	Permanent structure Standing railroad equ		Passing train Topography		egetation ighway vehicles	7. Other (specify) 8. Not obstructed	
Casualties to:	Killed	Injured	44. Driver wa	s 2. Injured 3. Uninju	Code red	45. Was D	Oriver in the Vehicle?	Code
46. Highway-Rail Crossing Users			47. Highway \ (est. dollar	/ehicle Property Dams r damage)	age .		Number of Highway-Rail Crossing Users ide driver)	
49. Railroad Employees			1	ber of People on Train			ail Equipment Accident/ nt Report Being Filed?	Code
52. Passengers on Train					,	1. Yes	2. No	
53a. Special Study Block				53b. Special Study B	lock			
54. Narrative Description (Be spe	cific, and continue on							
55. Typed Name and Title		56. Signature	!				57. Date	

Only if Types 1 - 6, Item 32 are indicated, mark in Block 33 the status of the warning devices at the crossing at the time of the accident, using the following codes:

- 1. Provided minimum 20-second warning.
- 2. Alleged warning time greater than 60 seconds.
- 3. Alleged warning time less than 20 seconds.
- 4. Alleged no warning.
- 5. Confirmed warning time greater than 60 seconds.
- 6. Confirmed warning time less than 20 seconds.
- 7. Confirmed no warning.

- A. Insulated rail vehicle.
- B. Storm/lightning damage.
- C. Vandalism.
- D. No power/batteries dead.
- E. Devices down for repair.
- F. Devices out of service.
- G. Warning time greater than 60 seconds attributed to accident-involved train stopping short of the crossing, but within track circuit limits, while warning devices remain continuously active with no other in-motion train present.
 - H. Warning time greater than 60 seconds attributed to track circuit failure (e.g., insulated rail joint or rail bonding failure, track or ballast fouled, etc.).
 - J. Warning time greater than 60 seconds attributed to other train/equipment within track circuit limits.
 - K. Warning time less than 20 seconds attributed to signals timing out before train's arrival at the crossing/island circuit.
 - L. Warning time less than 20 seconds attributed to train operating counter to track circuit design direction.
 - M. Warning time less than 20 seconds attributed to train speed in excess of track circuit's design speed.
 - N. Warning time less than 20 seconds attributed to signal system's failure to detect train approach.
 - P. Warning time less than 20 seconds attributed to violation of special train operating instructions.
 - R. No warning attributed to signal system's failure to detect the train.
 - S. Other cause(s). Explain in Narrative Description.

HIGHWAY-RAIL GRADE CROSSING ACCIDENT/INCIDENT REPORT

OMB	Approval	No:	2130-0500

1. Name of Reporting Railroad	Name of Reporting Railroad				Code	1b. Railroad Accident/Incident No.	1b. Railroad Accident/Incident No.	
2. Name of Other Railroad Involved i	n Train Accident/Incident		·	2a. Alphabetic C	Code	2b. Railroad Accident/Incident No.		
3. Name of Railroad Responsible for	Track Maintenance (sing	ile entry)		3a. Alphabetic C	3a. Alphabetic Code 3b. F		Railroad Accident/Incident No.	
4. U.S. DOT-AAR Grade Crossing Id	entification Number			5. Date of Accide month	5. Date of Accident/Incident 6. Time of Accident/Incident month day year 1 1 1 AM PM			
7. Nearest Railroad Station		8. Division			9. County	10. State Abbr.	Code	
11. City (if in a city)				12. Highway Name o	r Number			
	Highway User Involved				Rail Equipm		rivate	
13. Type C. Truck-trailer		. Other motor vehicle	Code	17. Equipment	3. Train (standing)	6. Light loco(s) (moving)	Code	
A. Auto D. Pick-up truck B. Truck E. Van	G. School bus H. Motorcycle	C. Pedestrian M. Other (specify)		1. Train (units po 2. Train (units po	ulling) 4. Car(s) (moving) ushing) 5. Car(s) (standing)	7. Light loco(s) (standing)		
14. Vehicle Speed (est. mph at impact)	15. Direction (geogra-	aphical) 1.3.East 4.West	Code	18. Position of Car U	nit in Train			
16. Position			Code	19. Circumstance			Code	
Stalled on crossing 2. Stopped Was the highway user and/or rai	······································	r crossing 4. Trapped	Code		t struck highway user 2. Rail equardous materials release by	ipment struck by highway user	Code	
in the impact transporting hazare	dous materials?		Code	1. Highway user	•	Both 4. Neither	Code	
Highway user Rail equ State here the name and quantity		4. Neither		1. Tiigitway iisei	2. Kan equipment 3.	Bott 4. Neither	<u></u>	
200. State here are name and quantary	or the final total material fer	casca, a may.						
21. Temperature (specify if minus) o F	22. Visibility (single en		Code	23. Weather (single e	•		Code	
F 24. Type of Equipment 1. Freigh	1. Dawn 2. Day 3. t train 4. Work train		Code	1. Clear 2. Clos 25. Track Type Used	by Rail	6. Snow Code 26. Track Number or Name		
Consist 2. Passer	nger train 5. Single car nuter train 6. Cut of cars	8. Light loco(s).		Equipment Involv		20. Hack Humber of Hame		
27. FRA Track Class (1-6, X)	29. Number of Cars		onsist Speed (Recor	rded Code	31. Time Table Direction	Code		
	0.54	- Recorded - Estimated	мрн	1. North 3. East 2. South 4. West				
32. Type of 1. Gates Crossing 2. Cantilever FLS Warning 3. Standard FLS	Wig wags Hwy. traffic signals Audible	8. Stop rigns 1	0. Flagged by crew 1. Other <i>(specify)</i> 2. None	33. Signaled ((See reve	Crossing Warning	Code 34. Whistle Ban	Code	
Code(s)	6. Addible	9. Watenman 1.	2. None	side for	1	1. Yes 2. No	1	
35. Location of Warning	Co	de 36. Crossing W	/arning Interconnected	l	Code 37. Crossing Illu	3. Unknown minated by Street	Code	
Both sides Side of vehicle approach		with Highw	vay Signals		Lights or Spe	cial Lights		
Opposite side of vehicle approach	ch	2. No 3. Unknow	n		1. Yes 2. No 3. Unknown			
38. Driver's 39. Driver's Gender Age		Drove Behind or in Front uck or was Struck by Seco		Code	41. Driver 1. Drove around or thru the	gate 4. Stopped on crossing	Code	
1. Male 2. Female	1. Yes		Unknown		Stopped and then proceed Did not stop			
42. Driver Passed Standing Highway Vehicle	Code	43. View of Track Ol	, ,	ry obstruction)			Code	
1. Yes 2. No 3. Unknown		Permanent stru Standing railron		Passing train Topography	5. Vegetation 6. Highway vehic	7. Other (specify) les 8. Not obstructed		
Casualties to:	Killed	Injured	44. Driver wi	as 2. Injured 3. Uninjur		s Driver in the Vehicle? /es 2. No	Code	
46. Highway-Rail Crossing Users				Vehicle Property Dama ar damage)		al Number of Highway-Rail Crossing User chide driver)	,	
49. Railroad Employees			1	nber of People on Train	Inci	Rail Equipment Accident/ ident Report Being Filed?	Code	
52. Passengers on Train				. <u>-</u>	1. Y	Zes 2. No		
53a. Special Study Block				53b. Special Study Bl	ock			
54. Narrative Description (Be speci	ific, and continue on							
								
55. Typed Name and Title		56. Sign	nature			57. Date		

Only if Types 1 - 6, Item 32 are indicated, mark in Block 33 the status of the warning devices at the crossing at the time of the accident, using the following codes:

- 1. Provided minimum 20-second warning.
- 2. Alleged warning time greater than 60 seconds.
- 3. Alleged warning time less than 20 seconds.
- 4. Alleged no warning.
- 5. Confirmed warning time greater than 60 seconds.
- 6. Confirmed warning time less than 20 seconds.
- 7. Confirmed no warning.

- A. Insulated rail vehicle.
- B. Storm/lightning damage.
- C. Vandalism.
- D. No power/batteries dead.
- E. Devices down for repair.
- F. Devices out of service.
- G. Warning time greater than 60 seconds attributed to accident-involved train stopping short of the crossing, but within track circuit limits, while warning devices remain continuously active with no other in-motion train present.
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 - K. Warning time less than 20 seconds attributed to signals timing out before train's arrival at the crossing/island circuit.
 - L. Warning time less than 20 seconds attributed to train operating counter to track circuit design direction.
 - M. Warning time less than 20 seconds attributed to train speed in excess of track circuit's design speed.
 - N. Warning time less than 20 seconds attributed to signal system's failure to detect train approach.
 - P. Warning time less than 20 seconds attributed to violation of special train operating instructions.
 - R. No warning attributed to signal system's failure to detect the train.
 - S. Other cause(s). Explain in Narrative Description.

HIGHWAY-RAIL GRADE CROSSING ACCIDENT/INCIDENT REPORT

•	0.00 . 127 0120 0500
	OMB Approval No.: 2130-0500

1. Name of Reporting Railroad		la. Alphabetic Code	lb. Railroad Accident/Incident No.
2. Name of Other Railroad Involved in Train Accident/Incident		2a. Alphabetic Code	2b. Railroad Accident/Incident No.
Name of Railroad Responsible for Track Maintenance (single entry))	3a. Alphabetic Code	3b. Railroad Accident/Incident No.
4. U. S. DOT-AAR Grade Crossing Identification Number		5. Date of Accident/Incident month day year	6. Time of Accident/Incident AM PM
7. Nearest Railroad Station	8. Division	9. County	10. State Code Abbr.
11. City (if in a city)	12	. Highway Name or Number	
Highway User Involved		Rail Equipm	Public Private L
12 Tyma	motor venicie	Equipment 3. Train (standing) 1. Train (units pulling) 4. Car(s) (moving)	6. Light loco(s) (moving) 7. Light loco(s) (standing)
	r (specify) Code 18	Train (units pushing) 5. Car(s) (standing Position of Car Unit in Train	t) 8. Other (specify)
(ess. mph at impact) 1. North 2. South 3. East	1 1		
Position 1. Stalled on crossing 2. Stopped on crossing 3. Moving over crossing.	1	Circumstance Rail equipment struck highway user Rail equipment.	Code uipment struck by highway user
Was the highway user and/or rail equipment involved in the impact transporting hazardous materials?		b. Was there a hazardous materials release by	Code
Highway user 2. Rail equipment 3. Both 4. Neith	her	1. Highway user 2. Rail equipment 3	. Both 4. Neither
20c. State here the name and quantity of the hazardous material released, in	fany.		
21. Temperature (specify if minus) 22. Visibility (single entry)	Code 23	. Weather (single entry)	Code
o F 1. Dawn 2. Day 3. Dusk 4 24. Type of Equipment 1. Freight train 4. Work train 7.		Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet Track Type Used by Rail	6. Snow Code 26. Track Number or Name
Consist 2. Passenger train 5. Single car 8.	Light loco(s). Maint./inspect. car	Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry	
27. FRA Track Class (1-6, X) 28. Number of Locomotive Units	29. Number 30. Cons of Cars R - R	int Speed (Recorded Code ecorded if available)	31. Time Table Direction Code 1. North 3. East
32. Type of 1. Gates 4. Wig wags 7. C	E - E Crossbucks 10. Flagged by crew	stimated MPH 33. Signaled Crossing Warning	2. South 4. West Code 34. Whistle Ban Code
Crossing 2. Cantilever FLS 5. Hwy. traffic signals 8. St	top signs 11. Other (specify) Watchman 12. None	(See reverse	1. Yes
Code(s)		side for	2. No 3. Unknown
35. Location of Warning Code 1. Both sides	36. Crossing Warning Interconnected with Highway Signals	Code 37. Crossing Illu Lights or Sp	ıminated by Street Code ecial Lights
2. Side of vehicle approach 3. Opposite side of vehicle approach	1. Yes 2. No 3. Unknown	1. Yes 2. No 3. Unknown	
70. 20.00	Behind or in Front of Train	Code 41. Driver	Code
Age and Struck or w 1. Male 2. Female 1. Yes	was Struck by Second Train 2. No 3. Unknown	Drove around or thru the Stopped and then proceed Did not stop	
42. Driver Passed Standing Code 43. Highway Vehicle		obstruction) 5 Variation	Code
1. Yes 2. No 3. Unknown	Permanent structure Standing railroad equipment	3. Passing train 5. Vegetation 4. Topography 6. Highway vehi	7. Other (specify) cles 8. Not obstructed
Casualties to: Killed	Injured 44. Driver was	1 1 1	as Driver in the Vehicle? Code Yes 2. No
46. Highway-Rail Crossing Users		nicle Property Damage 48. To	ntal Number of Highway-Rail Crossing Users nchide driver)
49. Railroad Employees			a Rail Equipment Accident/ Code cident Report Being Filed?
52. Passengers on Train	·		Yes 2. No
53a. Special Study Block	5:	Bb. Special Study Block	1
54. Narrative Description (Be specific, and continue on			
55. Typed Name and Title	56. Signature		57. Date

Only if Types 1 - 6, Item 32 are indicated, mark in Block 33 the status of the warning devices at the crossing at the time of the accident, using the following codes:

- 1. Provided minimum 20-second warning.
- 2. Alleged warning time greater than 60 seconds.
- 3. Alleged warning time less than 20 seconds.
- 4. Alleged no warning.
- 5. Confirmed warning time greater than 60 seconds.
- 6. Confirmed warning time less than 20 seconds.
- 7. Confirmed no warning.

- A. Insulated rail vehicle.
- B. Storm/lightning damage.
- C. Vandalism.
- D. No power/batteries dead.
- E. Devices down for repair.
- F. Devices out of service.
- G. Warning time greater than 60 seconds attributed to accident-involved train stopping short of the crossing, but within track circuit limits, while warning devices remain continuously active with no other in-motion train present.
 - H. Warning time greater than 60 seconds attributed to track circuit failure (e.g., insulated rail joint or rail bonding failure, track or ballast fouled, etc.).
 - J. Warning time greater than 60 seconds attributed to other train/equipment within track circuit limits.
 - K. Warning time less than 20 seconds attributed to signals timing out before train's arrival at the crossing/island circuit.
 - L. Warning time less than 20 seconds attributed to train operating counter to track circuit design direction.
 - M. Warning time less than 20 seconds attributed to train speed in excess of track circuit's design speed.
 - N. Warning time less than 20 seconds attributed to signal system's failure to detect train approach.
 - P. Warning time less than 20 seconds attributed to violation of special train operating instructions.
 - R. No warning attributed to signal system's failure to detect the train.
 - S. Other cause(s). Explain in Narrative Description.

HIGHWAY-RAIL GRADE CROSSING ACCIDENT/INCIDENT REPORT

OMB Approval No.: 2130-0500

1. Name of Reporting Railroad				la. Alphabetic C	Code	1b. Railroad Accident/Incident No.	lb. Railroad Accident/Incident No.	
2. Name of Other Railroad Involved in Tr	nin Accident/Incident			2a. Alphabetic C	Code	2b. Railroad Accident/Incident No.		
3. Name of Railroad Responsible for Trac	k Maintenance (single	entry)		3a. Alphabetic Code 3b. Railroad Accident/Incident No.				
4. U. S. DOT-AAR Grade Crossing Identi	fication Number			5. Date of Accide month	nt/Incident year	6. Time of Accident/Incident AM	РМ 🔲	
7. Nearest Railroad Station		8. Division			9. County	10. State Abbr.	Code	
11. City (if in a city)		,	1	2. Highway Name o	ı Number	Public Priva		
	Highway User Involved				Rail Equipmen			
13. Type C. Truck-trailer A. Auto D. Pick-up truck B. Truck E. Van	G. School bus K.	Other motor vehicle Pedestrian Other (specify)	Code 1	7. Equipment 1. Train (units po		6. Light loco(s) (moving) 7. Light loco(s) (standing) 8. Other (specify)	Code	
14. Vehicle Speed	15. Direction (geograp		Code 1	8. Position of Car U				
(est. mph at impact)	1. North 2. South	3. East 4. West	0.4.	0.00			Code	
Position Stalled on crossing 2. Stopped on	crossing 3. Moving over c	rossing 4. Trapped	Code 1	 Circumstance Rail equipment 	t struck highway user 2. Rail equip	ment struck by highway user	Code	
20a. Was the highway user and/or rail eq	uipment involved		Code 2		zardous materials release by		Code	
in the impact transporting hazardou 1. Highway user 2. Rail equipm		. Neither		1. Highway use:	r 2. Rail equipment 3. B	oth 4. Neither		
20c. State here the name and quantity of		used, if any.	!. <u></u>					
	22. Visibility (single entry	<i>,</i>)	Code 2	3. Weather (single	entry)		Code	
° F	1. Dawn 2. Day 3. D		Code 2	Clear 2, Clo Track Type Used		6. Snow Code 26. Track Number or Name		
24. Type of Equipment 1. Freight transcript 2. Passenger (single entry) 3. Commute	r train 5. Single car	7. Yard/switching 8. Light loco(s). 9. Maint./inspect. car	Code 2	Equipment Invol-		20. Made Number of Number		
27. FRA Track Class (1-6, X)	8. Number of Locomotive Units	29. Number of Cars	R-1	sist Speed (Reco if av Recorded Estimated	rded Code ailable) MPH	31. Time Table Direction 1. North 3. East 2. South 4. West	Code	
32. Type of 1. Gates	4. Wig wags	7. Crossbucks 10. Flag	gged by crew			Code 34. Whistle Ban	Code	
Crossing 2. Cantilever FLS Warning 3. Standard FLS	5. Hwy. traffic signals 6. Audible	8. Stop signs 11. Oth 9. Watchman 12. Non	er (specify) ne	(See reve	erse	1. Yes 2. No		
Code(s)	<u> </u>					3. Unknown	Code	
35. Location of Warning 1. Both sides	Cod	e 36. Crossing Warning with Highway Sig			Code 37. Crossing Illumi Lights or Speci		Code	
Side of vehicle approach Opposite side of vehicle approach		1. Yes 2. No 3. Unknown			1. Yes 2. No 3. Unknown			
38. Driver's 39. Driver's Gender		rove Behind or in Front of Tra		Code	41. Driver	te 4. Stopped on crossing	Code	
Age 1. Male 2. Female	l. Yes	ck or was Struck by Second Tr 2. No 3. Unkn			Drove around or thru the gate 2. Stopped and then proceeded 3. Did not stop			
42. Driver Passed Standing Highway Vehicle	Code	43. View of Track Obscure		y obstruction)			Code	
1. Yes 2. No 3. Unknown		Permanent structure Standing railroad equ		Passing train Topography	5. Vegetation 6. Highway vehicle	<u> </u>		
Casualties to:	Killed	Injured	44. Driver was	2. Injured 3. Uninju	1	Driver in the Vehicle?	Code	
46. Highway-Rail Crossing Users				ehicle Property Dame	age 48. Total	Number of Highway-Rail Crossing Users hude driver)		
49. Railroad Employees			ı	per of People on Train	Incid	Rail Equipment Accident/ ent Report Being Filed?	Code	
52. Passengers on Train			1	J	1. Ye	2. No		
53a. Special Study Block			1	53b. Special Study B	ilock			
54. Narrative Description (Be specific	, and continue on			· · · · · · · · · · · · · · · · · · ·				
55. Typed Name and Title		56. Signature	:			57. Date	****	

Only if Types 1 - 6, Item 32 are indicated, mark in Block 33 the status of the warning devices at the crossing at the time of the accident, using the following codes:

- 1. Provided minimum 20-second warning.
- 2. Alleged warning time greater than 60 seconds.
- 3. Alleged warning time less than 20 seconds.
- 4. Alleged no warning.
- 5. Confirmed warning time greater than 60 seconds.
- 6. Confirmed warning time less than 20 seconds.
- 7. Confirmed no warning.

- A. Insulated rail vehicle.
- B. Storm/lightning damage.
- C. Vandalism.
- D. No power/batteries dead.
- E. Devices down for repair.
- F. Devices out of service.
- G. Warning time greater than 60 seconds attributed to accident-involved train stopping short of the crossing, but within track circuit limits, while warning devices remain continuously active with no other in-motion train present.
 - H. Warning time greater than 60 seconds attributed to track circuit failure (e.g., insulated rail joint or rail bonding failure, track or ballast fouled, etc.).
 - J. Warning time greater than 60 seconds attributed to other train/equipment within track circuit limits.
 - K. Warning time less than 20 seconds attributed to signals timing out before train's arrival at the crossing/island circuit.
 - L. Warning time less than 20 seconds attributed to train operating counter to track circuit design direction.
 - M. Warning time less than 20 seconds attributed to train speed in excess of track circuit's design speed.
 - N. Warning time less than 20 seconds attributed to signal system's failure to detect train approach.
 - P. Warning time less than 20 seconds attributed to violation of special train operating instructions.
 - R. No warning attributed to signal system's failure to detect the train.
 - S. Other cause(s). Explain in Narrative Description.

PEDERAL RAILROAD ADMINISTRATION (FRA)						0	MB Approval	No.: 2130-0500
1. Date of Accident/Incident (YY/	MM/DD)			2. Time of Accident/Incident			AM	
							PM	
3. Name of Railroad					4. Incident Num	ber		
5. Other Railroad					6. Incident Num	ber		
7. Railroad Responsible for Track	Maintenance				8. Incident Num	ber		
9. Type of Accident/Incident (Dera	ailment, Collision	ı, Obstructi	ion, Other)					
10. Number of Hazmat Cars Dam	aged or Derailed		•	11. Number of Hazmat	Cars Releasing Pro	oduct		
12. Division				13. Nearest City/Town		14. State		
15. Milepost (to nearest tenth)	16. Specific Site							
17. Speed		Actual Setimated		18. Train/Job Number				
Estimated 19. Type of Equipment (Freight, Passenger, Yard/Switching, etc.)			20. Type of Track (Mai	n, Yard, Siding, In	dustry)			
21. Total Locomotive Units in Train	22. Total Locomotives Derailed		23. Total of Cars in Equipment Consist 24. Total Cars Derailed					
25. Equipment Damage (in dollar	rs)			26. Track, Signal, Way	& Structure Dama	ige (in dollars	s)	
27. Primary Cause				28. Contributing Cause				
29. Persons Injured and Killed	I	njured	Killed			Injure	d	Killed
Worker on duty - employee				Worker on duty - co	ontractor			
Employees not on duty				Contractor - other				
Passengers on trains				Worker on duty - volunteer			·	
Nontrespassers/on railroad pro	operty			Volunteer - other				
Trespassers				Nontrespassers/off	railroad property			
30. Narrative Description (Be spec	cific, and continu	e on separa	ate sheet if ne	cessary)				
		······································	······································					
31. Was this accident/incident rep	orted to the FKA	·	Yes 🗆	No 🗆	Tot mi			
32. Name of Railroad Official		33. Signa	ture		34. Telephone I	Number	35. Date	e

	·	

FEDERAL RAILROAD ADMINISTRATION (FRA)								MB Approval 1	No.: 2130-0500
1. Date of Accident/Incident (YY/	MM/DD)			2. Time	of Accident/Inci	dent		AM PM	
3. Name of Railroad				,		4. Incident Nun	nber		
5. Other Railroad			T AM		6. Incident Number				
7. Railroad Responsible for Track	Maintenance				· · · · · · · · · · · · · · · · · · ·	8. Incident Nun	nber		
9. Type of Accident/Incident (Dere	ailment, Collision	n, Obstructio	on, Other)					
10. Number of Hazmat Cars Dam	aged or Derailed			11. Nu	11. Number of Hazmat Cars Releasing Product				
12. Division			13. Ne	arest City/Town		14. State			
15. Milepost (to nearest tenth)	16. Specific Site	e			,				
17. Speed		Actual Estimated		18. Tra	in/Job Number				
19. Type of Equipment (Freight, F	Passenger, Yard/	Switching, e	tc.)	20. Typ	pe of Track (Main	, Yard, Siding, Ir	ndustry)		
21. Total Locomotive Units in Train	22. Total Locomotives Derailed			23. Total of Cars in Equipment Consist 24. Total Cars Derailed					
25. Equipment Damage (in dollar	rs)			26. Tra	ck, Signal, Way &	& Structure Dams	age (in dollars	5)	
27. Primary Cause				28. Co	ntributing Cause		······································	· Anne / · · · · · · · · · · · · · · · · · ·	
29. Persons Injured and Killed	I	njured	Killed				Injure	d 1	Killed
Worker on duty - employee					orker on duty - cor	ntractor			
Employees not on duty				- 	ntractor - other				
Passengers on trains				Wo	orker on duty - vo	lunteer			
Nontrespassers/on railroad pro	perty			Vo	lunteer - other				
Trespassers				No	ntrespassers/off ra	ailroad property			
30. Narrative Description (Be spec	eific, and continu	e on separat	e sheet if	necessary)					
								1	
								···	
		···	· · · · · · · · · · · · · · · · · · ·						
		wax							
31. Was this accident/incident repo	orted to the FRA	? Y	es [] No					
32. Name of Railroad Official		33. Signatu	ire			34. Telephone l	Number	35. Date	

FEDERAL RAILROAD ADMINISTRATION (FRA)							OMB Approval 1	No.: 2130-0500
1. Date of Accident/Incident (YY/I	MM/DD)			2. Time of Accident/Inci	ident		AM PM	
3. Name of Railroad		<u> </u>		·	4. Incident Number	r		
5. Other Railroad				6. Incident Number				
7. Railroad Responsible for Track	Maintenance				8. Incident Number	er		
9. Type of Accident/Incident (Dera	ilment, Collisio	on, Obstructio	n, Other)	12 0000 / 1	I			
10. Number of Hazmat Cars Damaged or Derailed				11. Number of Hazmat (Cars Releasing Prod	uct		
12. Division				13. Nearest City/Town		14. State		
15. Milepost (to nearest tenth)	16. Specific Si	te				<u>.L</u>		
17. Speed		Actual Estimated		18. Train/Job Number		,,,,,,,,,		
19. Type of Equipment (Freight, Passenger, Yard/Switching, etc.)				20. Type of Track (Main	, Yard, Siding, Indu	stry)		
21. Total Locomotive Units in Train	22. Total Lo	comotives De	railed	23. Total of Cars in Equipment Consist 24. Total Cars Derailed				
25. Equipment Damage (in dollars	5)	· · · · · · · · · · · · · · · · · · ·		26. Track, Signal, Way &	& Structure Damage	(in dollar:	5)	
27. Primary Cause			******	28. Contributing Cause				
29. Persons Injured and Killed		Injured	Killed			Injure	d I	Killed
Worker on duty - employee				Worker on duty - cor	ntractor			
Employees not on duty				Contractor - other				
Passengers on trains				Worker on duty - vo	lunteer			
Nontrespassers/on railroad proj	perty			Volunteer - other				
Trespassers				Nontrespassers/off ra	ailroad property			
30. Narrative Description (Be speci	ific, and continu	ue on separate	sheet if nec	essary)				
	····							
								
					- PIP-CH		· · · · · · · · · · · · · · · · · · ·	
		····	· · · · · · · · · · · · · · · · · · ·					

31. Was this accident/incident reported to the FRA? Yes No								
32. Name of Railroad Official		33. Signatur	re		34. Telephone Nur	nber	35. Date	

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FEDERAL RAILROAD ADMINISTRATION (FRA)						OMB Approval	No.: 2130-0500
1. Date of Accident/Incident (YY.	/MM/DD)			2. Time of Accident/Inc	ident	-	AM PM	
3. Name of Railroad					4. Incident Num	ber	FIVI	<u> </u>
5. Other Railroad					6. Incident Num	ber		
7. Railroad Responsible for Track	Maintenance				8. Incident Num	ber		
9. Type of Accident/Incident (Der	ailment, Collisio	on, Obstruction	n, Other)					
10. Number of Hazmat Cars Dam	aged or Deraile	:d		11. Number of Hazmat	Cars Releasing Pro	oduct		
12. Division				13. Nearest City/Town		14. State	e	
15. Milepost (to nearest tenth)	16. Specific Si	ite						
17. Speed		Actual Estimated		18. Train/Job Number				
19. Type of Equipment (Freight, F			z.)	20. Type of Track (Mair	n, Yard, Siding, Ind	dustry)	·	
21. Total Locomotive Units in Train	22. Total Lo	comotives Der	ailed	23. Total of Cars in Equipment Consist 24. Total Cars Derailed			Derailed	
25. Equipment Damage (in dollar	rs)			26. Track, Signal, Way &	& Structure Damag	ge (in dollar	·s)	
27. Primary Cause				28. Contributing Cause				
29. Persons Injured and Killed		Injured	Killed			Injure	ed I	Killed
Worker on duty - employee				Worker on duty - cor	ntractor			Linea
Employees not on duty				Contractor - other			·	
Passengers on trains				Worker on duty - vo	lunteer			
Nontrespassers/on railroad pro	perty			Volunteer - other				
Trespassers				Nontrespassers/off ra	ailroad property			
30. Narrative Description (Be spec	ific, and contin	ue on separate	sheet if ned	cessary)				
21 Was this								
31. Was this accident/incident repo	rted to the FRA	A? Yes		No 🗆				
32. Name of Railroad Official		33. Signature	•		34. Telephone Nu	umber	35. Date	

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1. Date of Accident/Incident (YY/	/MM/DD)			2. Time of Accident/Inc	ident		AM		
3. Name of Railroad					4. Incident N	lumber	PM		
5. Other Railroad					6. Incident N	umber			
7. Railroad Responsible for Track	Maintenance				8. Incident Number				
9. Type of Accident/Incident (Deri	ailment, Collision	on, Obstruct	ion, Other)		1				
10. Number of Hazmat Cars Dam	aged or Deraile	;d		11. Number of Hazmat	Cars Releasing	Product			
12. Division				13. Nearest City/Town 14. State					
15. Milepost (to nearest tenth)	16. Specific Si	ite							
17. Speed		Actual Estimated		18. Train/Job Number	4				
19. Type of Equipment (Freight, P			etc.)	20. Type of Track (Mair	n, Yard, Siding,	, Industry)			
21. Total Locomotive Units in Train				23. Total of Cars in Equipment Consist 24. Total Cars Deraile			Derailed		
25. Equipment Damage (in dollar:	<i>s</i>)			26. Track, Signal, Way &	& Structure Day	mage (in dollar	·s)		
27. Primary Cause				28. Contributing Cause					
29. Persons Injured and Killed		Injured	Killed			Injure	ed I	Killed	
Worker on duty - employee				Worker on duty - cor	ntractor	J.			
Employees not on duty				Contractor - other					
Passengers on trains				Worker on duty - volunteer					
Nontrespassers/on railroad pro	perty			Volunteer - other					
Trespassers				Nontrespassers/off ra	ailroad property	y			
30. Narrative Description (Be spec	ific, and continu	Je on separat	te sheet if nec	cessary)					
				-			,		
31. Was this accident/incident repo					TC-5-				
	ned to the FKA		∕es □	No 🗆					
32. Name of Railroad Official 33. Signature					34. Telephone Number		35. Date		

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DEPARTMENT OF TRANSPORTATION

EDERAL RALEKOAD ADMINISTRATION (FRA)									O.	ATD WINDLOAM	No.: 2130-030
1. Date of Accident/Incident (YY/MM/DD)				·	2. Time of Accident/Incident					AM	
3. Name of Railroad				***	<u> </u>		4 7	• NY		PM	l
5. Name of Kaliroad							4. Incident	i Number			
5. Other Railroad							6. Incident Number				
7. Railroad Responsible for Track	Maintenance						8. Incident Number				
9. Type of Accident/Incident (Dera	ailment, Collisio	on, Obstruct	tion, Otl	her)							
10. Number of Hazmat Cars Dama	aged or Derailed	d			11. Nu	mber of Hazm	at Cars Releas	ing Produ	ct		
12. Division					13. Ne	arest City/Tow	'n		14. State		
15. Milepost (to nearest tenth)	16. Specific Sit	te			ı		NA		-		
17. Speed		Actual Estimated			18. Tra	in/Job Numbe	г				
19. Type of Equipment (Freight, P	assenger, Yard	/Switching,	etc.)		20. Ty	oe of Track (M	lain, Yard, Sidi	ing, Indus	try)		
21. Total Locomotive Units in Train 22. Total Locomotives Derailed				23. Total of Cars in Equipment Consist 24. Total Cars Derailed							
25. Equipment Damage (in dollars	s)				26. Tra	ck, Signal, Wa	y & Structure	Damage	(in dollars)	l	
27. Primary Cause	9444			v	28. Co	ntributing Cau	se				
29. Persons Injured and Killed		Injured	Kil	led					Injured		Killed
Worker on duty - employee					Wo	orker on duty -	contractor				
Employees not on duty					Co	ntractor - othe	Γ				
Passengers on trains			:		Wo	rker on duty -	volunteer				
Nontrespassers/on railroad pro	perty				Volunteer - other						
Trespassers					No	ntrespassers/o	ff railroad prop	erty			
30. Narrative Description (Be spec	ific, and contin	ue on separ	ate shee	et if nec	essary)						
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							· · · · · · · · · · · · · · · · · · ·				
	v										

· · · · · · · · · · · · · · · · · · ·											
								-			
31. Was this accident/incident repo	orted to the ED A		Yes		No						
-	A COUNTRY	· · · · · · · · · · · · · · · · · · ·			110	L-J					
32. Name of Railroad Official		33. Signa	ture				34. Teleph	none Num	iber	35. Date	

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TE IT TENENT TENENT TO THON (FRA)							OMB Approval	d No.: 2130-0500	
1. Date of Accident/Incident (YY/MM/DD)			2. Time of Accident/Incident			AM			
3. Name of Railroau					T , ,		PM		
3. Name of Kanroad					4. Incident Num	ber			
5. Other Railroad	5. Other Railroad				6. Incident Num	ber	***************************************		
7. Railroad Responsible for Track I	Maintenance				8. Incident Num	ber			
9. Type of Accident/Incident (Dera	ilment, Collisio	on, Obstruction	on, Other)				-		
10. Number of Hazmat Cars Dama	ged or Deraile	;d		11. Number of Hazmat Cars Releasing Product					
12. Division	,			13. Nearest City/Town 14. State					
15. Milepost (to nearest tenth)	16. Specific Sit	ite		<u>-L </u>				1	
17. Speed		Actual Estimated		18. Train/Job Number					
19. Type of Equipment (Freight, Pa	ssenger, Yard	/Switching, e	itc.)	20. Type of Track (Main	ı, Yard, Siding, Inc	lustry)			
21. Total Locomotive Units in Train 22. Total Locomotives Derailed				23. Total of Cars in Equipment Consist 24. Total Cars Derailed					
25. Equipment Damage (in dollars))	***************************************		26. Track, Signal, Way &	& Structure Damaş	je (in dollar.	s)		
27. Primary Cause				28. Contributing Cause					
29. Persons Injured and Killed		Injured	Killed			Injure	d	Killed	
Worker on duty - employee				Worker on duty - cor	ntractor				
Employees not on duty				Contractor - other					
Passengers on trains				Worker on duty - vol	lunteer				
Nontrespassers/on railroad prop	erty			Volunteer - other					
Trespassers			-	Nontrespassers/off ra	ailroad property				
30. Narrative Description (Be specif	ic, and continu	ue on separate	e sheet if nec	essary)					
					75.76				

31. Was this accident/incident report	ted to the FRA	A? Ye	es 🗆	No 🗆					
32. Name of Railroad Official		33. Signatur	re		34. Telephone Nu	ımber	35. Date		
	′	[1	,	i		



INITIAL RAIL EQUIPMENT ACCIDENT/INCIDENT RECORD

							OMB Approv	Mai No.: 2130-030
1. Date of Accident/Incident (YY/N	vIM/DD)			2. Time of Accident/Inc	ident		AM	
3. Name of Railroad					4. Incident Nu	ımber	PM	
5. Other Railroad					6. Incident Nu	ımber		
7. Railroad Responsible for Track I	Maintenance				8. Incident Nu	ımber	<u> </u>	
9. Type of Accident/Incident (Dera	ilment, Collisio	on. Obstruc	etion. Other)		<u> </u>			
			,					
10. Number of Hazmat Cars Dama	ged or Deraile	d	***************************************	11. Number of Hazmat	Cars Releasing 1	Product		
12. Division	PT			13. Nearest City/Town		14. Stat	te	
15. Milepost (to nearest tenth)	16. Specific Sit	te	,,			<u>,L</u> ,,		
17. Speed		Actual Estimated		18. Train/Job Number				V-1-1
19. Type of Equipment (Freight, Pa			etc.)	20. Type of Track (Main	n, Yard, Siding,	Industry)		**************************************
21. Total Locomotive Units in Train	22. Total Loc	comotives I	Derailed	23. Total of Cars in Equ Consist	ipment	24. Total Cars	s Derailed	
25. Equipment Damage (in dollars))			26. Track, Signal, Way	& Structure Dan	nage (in dolla	rs)	
27. Primary Cause			-	28. Contributing Cause				,,,,,,,
29. Persons Injured and Killed	1	Injured	Killed			Injur	red	Killed
Worker on duty - employee				Worker on duty - co	ntractor			
Employees not on duty				Contractor - other	· · · · · · · · · · · · · · · · · · ·			
Passengers on trains				Worker on duty - vo	lunteer			
Nontrespassers/on railroad prop	erty			Volunteer - other				
Trespassers				Nontrespassers/off r	ailroad property			
30. Narrative Description (Be specif	ic, and continu	ue on separa	ate sheet if ne	cessary)				
								
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				72				
			· · · · · · · · · · · · · · · · · · ·					
								
31. Was this accident/incident report	tod to the EDA	9 1						
	ed to the FKA		Yes 🗆	No 🗆				
32. Name of Railroad Official		33. Signat	ure		34. Telephone	Number	35. Date	;

INITIAL RAIL EQUIPMENT ACCIDENT/INCIDENT RECORD

FEDERAL RAILROAD ADMINISTRATION (FRA)					(OMB Approval No.	: 2130-0500
1. Date of Accident/Incident (YY/	/MM/DD)			2. Time of Accident/Inc	AM PM			
3. Name of Railroad			· · · · · · · · · · · · · · · · · · ·		4. Incident Number	r		
5. Other Railroad					6. Incident Number	er		
7. Railroad Responsible for Track	Maintenance				8. Incident Numbe	r		
9. Type of Accident/Incident (Dere	ailment, Collisio	on, Obstruction,	, Other)					
10. Number of Hazmat Cars Dam	aged or Deraile	d		11. Number of Hazmat	Cars Releasing Prod	uct		
12. Division		**** w .	· · · · · · · · · · · · · · · · · · ·	13. Nearest City/Town		14. State	· u	
15. Milepost (to nearest tenth)	16. Specific Si	te			******	<u> </u>		
17. Speed		Actual Estimated		18. Train/Job Number		· · · · · · · · · · · · · · · · · · ·		
19. Type of Equipment (Freight, P)	20. Type of Track (Main	n, Yard, Siding, Indu	stry)		
21. Total Locomotive Units in Train	22. Total Lo	comotives Dera	iled	23. Total of Cars in Equ Consist	ipment 24.	Fotal Cars I	Derailed	
25. Equipment Damage (in dollar.	rs)			26. Track, Signal, Way &	& Structure Damage	(in dollars)	
27. Primary Cause				28. Contributing Cause	**************************************			
29. Persons Injured and Killed		Injured	Killed			Injure	d Kil	led
Worker on duty - employee				Worker on duty - cor	ntractor	2.1,0.10	, ALI	
Employees not on duty				Contractor - other				
Passengers on trains				Worker on duty - vol	lunteer			
Nontrespassers/on railroad pro	perty			Volunteer - other				
Trespassers				Nontrespassers/off ra	ailroad property			
30. Narrative Description (Be spec	ific, and continu	ue on separate s	heet if nec	eessary)				
31. Was this accident/incident repo	orted to the FRA	? Yes		No 🗆		***		
32. Name of Railroad Official		33. Signature			34. Telephone Nun	nber	35. Date	

INITIAL RAIL EQUIPMENT ACCIDENT/INCIDENT RECORD

End Edition (FRA)							OMB Approval	No.: 2130-050
1. Date of Accident/Incident (YY/N	MM/DD)			2. Time of Accident/Inc	ident		AM	
3. Name of Railroad					4. Incident Nu	mhar	PM	<u>l</u>
5. 1 min 52 2 min 52 2					4. Hiordon 1.d	Mioci		
5. Other Railroad					6. Incident Nu	ımber		
7. Railroad Responsible for Track N	Maintenance		,		8. Incident Nu	mber		
9. Type of Accident/Incident (Derai	ilment, Collisio	n, Obstruction	ı, Other)		.1			
10. Number of Hazmat Cars Dama	iged or Derailed	1	- 742	11. Number of Hazmat	Cars Releasing I	Product	- 20-11	
12. Division	,			13. Nearest City/Town		14. State	<u> </u>	
15. Milepost (to nearest tenth)	16. Specific Sit	te						
17. Speed		Actual Estimated		18. Train/Job Number	·			
19. Type of Equipment (Freight, Pa	assenger, Yard/	Switching, etc	;.)	20. Type of Track (Main	ı, Yard, Siding,	Industry)		
21. Total Locomotive Units in Train	22. Total Loc	comotives Der	ailed	23. Total of Cars in Equ Consist	ipment	24. Total Cars	Derailed	
25. Equipment Damage (in dollars)	;)			26. Track, Signal, Way &	& Structure Dan	nage (in dollar	s)	
27. Primary Cause				28. Contributing Cause				
29. Persons Injured and Killed	I	Injured	Killed			Injure	ed]	Killed
Worker on duty - employee				Worker on duty - cor	ntractor			
Employees not on duty				Contractor - other				
Passengers on trains				Worker on duty - vo	lunteer			
Nontrespassers/on railroad prop	perty			Volunteer - other				
Trespassers				Nontrespassers/off ra	ailroad property			
30. Narrative Description (Be specia	fic, and continu	ie on separate	sheet if nec	cessary)				
	<u>-</u>							
<u> </u>								
	*							
								
		<u></u>						
31. Was this accident/incident repor	rted to the FRA	.? Yes	s 🗆	No 🗆				:
32. Name of Railroad Official		,		140	34 70 1 1		1	
32. Name of Ramoad Official		33. Signature	;		34. Telephone	Number	35. Date	

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DEPARTMENT OF TRANSPORTATION

1. Railroad	- 2	2. Case/Incident Number					
I	EMPLOYEE IN	FORMA'	TION				
3. Last Name, First Name, Middle Initial	4. Date of	f Birth	5. Sex (M/.	F) 6. S	ocial Security	Number	7. Date Hired
HOME 8. Street Address (include Apt. No.) ADDRESS:	9. City		1	10. State	11. ZIP		Celephone No.
ESTABLISHMENT/ 13. Name of Facility FACILITY WHERE							
NORMALLY REPORTS: 14. Street Address		15. City				16. State	17. ZIP
18. Job Title	19.1	Departme	nt Assigned	То	1 W. J. J. H. J. J. J. J. J. J. J. J. J. J. J. J. J.		
ACTIVITY	/INCIDENT/EX	POSUR	E DESCRIP	TION			elektrike kan ment Desemblik di sebi
LOCATION WHERE 20. Specific Site ACCIDENT/							
INCIDENT/ EXPOSURE OCCURRED: 21. City	22.	County				23. State	24. ZIP
25. Is this on your premises? Yes No \(\sigma\) 26. Date of Occurrence 27. To	ime Shift Began	AM PM	28. Time	of Occu	rrence AM PM	-	as person on duty?
NOTIFICATION: 30. Date that Employee Notified Company Personnel of Condition	31. Time that Em Company Per	ployee Nersonnel of	otified Condition	AM PM	32. Person	Notified	
33. Describe the general activity this person was engaged in price	or to injury/illness.						

			· · · · · · · · · · · · · · · · · · ·				
							
			· · · · · · · · · · · · · · · · · · ·				
34. Describe all factors associated with this case that are pertine events leading up to it, and the tools, machinery, processes, materials.	nt to an understan erial, environment	ding of he tal conditi	ow it occurre ons, etc., inv	d. Inclue olved.	de a discussion	of the seque	ence of
			· · · · · · · · · · · · · · · · · · ·				
							
					· · · · · · · · · · · · · · · · · · ·		
	### · · · · · · · · · · · · · · · · · ·						

2	INJURY/CONDITION IN	FORMATIO:	V	
35. Describe in detail the injury/condition that this of last occurrence.	person sustained. Include a discussi	ion of the body	parts affected. If this is a recur	rence, list date
and the second s				
36. Identify all persons and organizations used to e	valuate and/or treat condition. (Incl	ude facility, pr	ovider, and address)	
and the second s				
		· · · · · · · · · · · · · · · · · · ·		
37. Describe all procedures, medications, therapy,	etc., used/recommended for the trea	tment of condi	tion:	
38. Check any of the following consequences resu	alting from this injury/condition:			
Death. Date of:			Hospitalization for	treatment as an
Restriction of work. Total days of restriction			inpatient.	
Occupational illness. Date of initial diag				s or therapy sessions.
Instructions to obtain prescription medica			Loss of consciousn	ess.
Missed a day of work or next shift. Ac	· · · · · · · · · · · · · · · · · · ·		as about d have been given	dl of
Medical treatment. This includes any me who provided the treatment. "First Aid"				
cuts, abrasions, etc.			-	
Transfer to another job or termination of			4 E ED A E (190 55 a 16	- 1-11 4hin anno
39. If any of the above consequences occurred, the does not meet the reporting criteria, you must give	a brief explanation below of the bas	is for this decis	A on Form FRA F 0180.33a. II	Yes No
				-
		·		
40. Has this employee been provided an opportuni		Yes 🗆	No 🗆	14.5.
41. Preparer's Name	42. Preparer's Title		43. Telephone Number	44. Date

1. Railroad			·	-		2. Case/I	ncident Numbe	er	OMB Approval No.: 2130-0500
		EMPLOYE	EE INFO	RMAT	TION				
3. Last Name, First Name, N	Aiddle Initial	4.1	Date of B	irth	5. Sex (M	I/F) 6. S	ocial Security 1	Number	7. Date Hired
HOME 8. Street Add ADDRESS:	tress (include Apt. No.)	9. (City			10. State	11. ZIP		elephone No.
ESTABLISHMENT/ FACILITY WHERE	13. Name of Facility								
EMPLOYEE NORMALLY REPORTS	14. Street Address		15	. City				16. State	17. ZIP
18. Job Title			19. Der	artmer	nt Assigned	l To			
	ACT	IVITY/INCIDEN	NT/EXPO	SURE	DESCRI	PTION			
LOCATION WHERE ACCIDENT/	20. Specific Site					-			
INCIDENT/ EXPOSURE OCCURRED:	21. City		22. Cot	ınty				23. State	24. ZIP
25. Is this on your premises? Yes No	26. Date of Occurrence	27. Time Shift Bo	_	AM PM	28. Tim	ne of Occu	arrence AM	29. W	as person on duty?
COMPANY 30. I NOTIFICATION:	Date that Employee Notified Company Personnel of Cond	31. Time the Compa	hat Emplo any Person	yee No	tified Condition	AM PM	32. Person	Notified	
33. Describe the general acti	vity this person was engaged	l in prior to injury/i	illness.		<u> </u>				
- 18									
		· · · · · · · · · · · · · · · · · · ·				<u> </u>			
		., _{1,0}				· · · · · · · · · · · · · · · · · · ·			
34. Describe all factors associevents leading up to it, and the	ciated with this case that are the tools, machinery, processed	pertinent to an und es, material, enviro	derstanding onmental c	g of ho onditio	w it occurr ns, etc., in	ed. Includ volved.	de a discussion	of the seque	nce of

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					**************************************		,		
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_	INJURY/CONDITION IN	FORMATIO	N		
35. Describe in detail the injury/condition that this of last occurrence.	person sustained. Include a discus-	sion of the body	/ parts affect	ted. If this is a recurr	ence, list date
36. Identify all persons and organizations used to e	valuate and/or treat condition. (Inc	lude facility, pro	ovider, and	address)	
37. Describe all procedures, medications, therapy,	etc., used/recommended for the tre	atment of condi	ition:		
38. Check any of the following consequences resu	Iting from this injury/condition:				
Death. Date of: Restriction of work. Total days of restriction Occupational illness. Date of initial diag Instructions to obtain prescription medica Missed a day of work or next shift. Ac	nosis: tion, or receipt of prescription med tual days absent from work:	as of:		Hospitalization for t inpatient. Multiple treatments Loss of consciousne	or therapy sessions. ess.
Medical treatment. This includes any me who provided the treatment. "First Aid" to cuts, abrasions, etc. Transfer to another job or termination of	treatment is limited to very simple p				
39. If any of the above consequences occurred, the does not meet the reporting criteria, you must give	injury/condition is almost always i				you believe this case Yes No
40. Has this employee been provided an opportuni 41. Preparer's Name	ty to review his or her file? 42. Preparer's Title	Yes 🗆	No 43. Telep	phone Number	44. Date

FEDERAL RAILROAI	D ADMINIS	TRATION (FRA)												OMB Approval No.: 21	30-0500
1. Railroad										2.0	Case/Ir	ncident Nu	ımber			
					EN	IPLOYE	E IN	FORMA	TION							7
3. Last Name,	First Na	me, Mid	ldle Initial			4. I	Date of	f Birth	5. Sex	(M/F)	6. S	ocial Secur	rity Num	ber	7. Date Hired	
HOME ADDRESS:	8. Stree	t Addres	ss (include A _j	pt. No.)		9. 0	City			10.	State	11. ZIP	12.		L Telephone No. le area code)	
ESTABLISH FACILITY V EMPLOYEE	VHERE		13. Name of F													
NORMALLY		RTS:	14. Street Add	iress				15. City	•				16	. State	17. ZIP	
18. Job Title				J. 3.45			19. I	Departme	ent Assig	ned To	-	·	•			
				ACT	IVITY/I	NCIDEN	T/EX	POSUR	E DESC	RIPTI	ON					
LOCATION ACCIDENT/		E 20). Specific Site	······································												
INCIDENT/ EXPOSURE OCCURRED	100 00 00 00 00 00 00 00 00 00 00 00 00	21	1. City				22. 0	County					23	. State	24. ZIP	
25. Is this on y Yes 🏻	our pren No	nises?	26. Date of C	Occurrence	27. Tim	e Shift Be	gan	AM PM	28. 7	Γime of	Occu		AM PM	⊣	as person on duty	
COMPANY NOTIFICAT	ION:	30. Dat Co	te that Employ mpany Person	ee Notified inel of Cond	dition 31	l. Time th Compa	at Em ny Per	ployee N rsonnel o	otified f Conditi		M M	32. Per	son Noti	fied		
33. Describe th	he genera	al activit	ty this person v	was engaged	in prior 1	to injury/il	llness.									
																
				· · · · · · · · · · · · · · · · · · ·						 						
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34. Describe a events leading	II tactors up to it,	association and the	ted with this ca tools, machine	ase that are ery, process	pertinent es, materi	to an und al, enviro	erstan nment	ding of h al condit	ow it occions, etc.	urred. , involv	Included.	te a discus	sion of t	he seque	ence of	
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	INJURY/CONDITION IN	FORMATION		
35. Describe in detail the injury/condition that this of last occurrence.	person sustained. Include a discuss	ion of the body pa	arts affected. If this is a recurr	ence, list date
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1	1/ tt condition (Inc	· · · C. · · · · · · · · · · · · · · · ·	(acarkt - t	
36. Identify all persons and organizations used to e	valuate and/or treat condition. (Inc.	ude facility, provi	ider, and address)	
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37. Describe all procedures, medications, therapy,	etc., used/recommended for the trea	atment of condition	on:	

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			American Control of the Control of t	· · · · · · · · · · · · · · · · · · ·
20 Charles - Che Cillevine consequences requ	14' C 4Lia ining/aandition:			
38. Check any of the following consequences resu	Iting from this injury/condition:			_
Death. Date of: Death. Date of: Death. Total days of restriction of years.	an of		Hospitalization for t inpatient.	reatment as an
Restriction of work. Total days of restriction of work. Date of initial diag			Multiple treatments	
Instructions to obtain prescription medica		cation.	Loss of consciousne	ess.
Missed a day of work or next shift. Ac	'			
Medical treatment. This includes any me who provided the treatment. "First Aid" cuts, abrasions, etc.	treatment is limited to very simple p			
Transfer to another job or termination of				·
39. If any of the above consequences occurred, the does not meet the reporting criteria, you must give				you believe this case Yes No
				e, etc.
	· · · · · · · · · · · · · · · · · · ·			
40. Has this employee been provided an opportuni	ty to review his or her file?	Yes 🗌	No 🗆	
41. Preparer's Name	42. Preparer's Title		43. Telephone Number	44. Date

FEDERAL RAILROAD ADMINISTRATION (FRA)								OMB Approval No.: 2130-0500
Railroad			1	2. Case/Incident Number				
ЕМР	LOYEE IN	FORMA	TION					
3. Last Name, First Name, Middle Initial	4. Date of	of Birth	5. Sex (M/	F) 6. S	ocial Security	Numl	рег	7. Date Hired
HOME 8. Street Address (include Apt. No.) ADDRESS:	9. City	9. City 10. State 11. ZIP				12. Home Telephone No. (include area code)		
ESTABLISHMENT/ 13. Name of Facility FACILITY WHERE EMPLOYEE 14. Street Address		·						
NORMALLY REPORTS: 14. Street Address		15. City				16.	State	17. ZIP
18. Job Title	19.	19. Department Assigned To						
ACTIVITY/INC	CIDENT/EX	KPOSUR	E DESCRIP	TION				
LOCATION WHERE 20. Specific Site ACCIDENT/ INCIDENT/								
EXPOSURE 21. City OCCURRED:	22.	County	y			23.	State	24. ZIP
25. Is this on your premises? 26. Date of Occurrence 27. Time S	Shift Began	AM PM	28. Time	of Occu	irrence AN	_	1	as person on duty?
COMPANY NOTIFICATION: 30. Date that Employee Notified Company Personnel of Condition	Time that En Company Pe		otified f Condition	AM PM	32. Person			
33. Describe the general activity this person was engaged in prior to i	njury/illness).						
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34. Describe all factors associated with this case that are pertinent to	an understar	nding of h	ow it occurre	d. Includ	le a discussio	n of th	e seque	ence of
34. Describe all factors associated with this case that are pertinent to events leading up to it, and the tools, machinery, processes, material,	environmen	ital conditi	ions, etc., inv	olved.	ou a disoussio	02	o soque	71100 01
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	INJURY/CONDITION I	NFORMATION	1	
35. Describe in detail the injury/condition that this of last occurrence.	person sustained. Include a discu	ssion of the body	parts affected. If this is a recurr	rence, list date
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36. Identify all persons and organizations used to e	valuate and/or treat condition. (In	clude facility, pro	ovider, and address)	

37. Describe all procedures, medications, therapy,	etc., used/recommended for the tro	eatment of condi	tion:	
				
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38. Check any of the following consequences resu	Iting from this injury/condition:			
	iding from this injury/condition.		Translation for a	
Death. Date of: Restriction of work. Total days of restrict	atad activity as of		Hospitalization for t inpatient.	reatment as an
Occupational illness. Date of initial diag				or therapy sessions.
Instructions to obtain prescription medica		dication	Loss of consciousne	ess.
	tual days absent from work:			
Medical treatment. This includes any me who provided the treatment. "First Aid" touts, abrasions, etc.	dical care or treatment beyond "fir	rst aid" that is giv		
Transfer to another job or termination of	employment.			
39. If any of the above consequences occurred, the does not meet the reporting criteria, you must give				you believe this case Yes \(\sum \) No \(\sum \)
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40. Use this ampleus have perilled as a second	ty to savious his as has G1-0	Yes 🗆	No 🗆	
40. Has this employee been provided an opportunit 41. Preparer's Name	42. Preparer's Title	Yes 📙	43. Telephone Number	44. Date
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DEPARTMENT OF TRANSPORTATION

EDERAL RAILROAD ADMINISTRATION (FRA)							OMB Approval No.: 2130-0
1. Railroad			2	. Case/I	ncident Numl	ber	
ЕМРІ	LOYEE IN	FORMA	TION				
3. Last Name, First Name, Middle Initial	4. Date	of Birth	5. Sex (M/)	F) 6. S	ocial Security	Number	7. Date Hired
HOME 8. Street Address (include Apt. No.) ADDRESS:	9. City		1				Telephone No. le area code)
ESTABLISHMENT/ 13. Name of Facility FACILITY WHERE							
EMPLOYEE NORMALLY REPORTS: 14. Street Address		15. City			16. State	17. ZIP	
18. Job Title	19	. Departme	ent Assigned	Го			
ACTIVITY/INC	EDENT/E	XPOSUR	E DESCRIP	TION			
LOCATION WHERE 20. Specific Site ACCIDENT/							
INCIDENT/ EXPOSURE 21. City OCCURRED:	22	. County				23. State	24. ZIP
25. Is this on your premises? Yes No	hift Began	AM PM	28. Time	of Occi	urrence Al		/as person on duty?
COMPANY NOTIFICATION: 30. Date that Employee Notified Company Personnel of Condition	Fime that E Company P	mployee N ersonnel o	otified f Condition	AM PM	32. Perso	n Notified	
33. Describe the general activity this person was engaged in prior to i	injury/illnes	S.	<u> </u>	<u></u>			
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34. Describe all factors associated with this case that are pertinent to events leading up to it, and the tools, machinery, processes, material,	an understa environme	anding of h	ow it occurre ions, etc., inv	d. Inclu olved.	de a discussion	on of the sequ	ence of
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	INJURY/CONDITION	INFORMATION	L	
35. Describe in detail the injury/condition that this of last occurrence.	person sustained. Include a disc	cussion of the body	parts affected. If this is a recur	rrence, list date
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36. Identify all persons and organizations used to	evaluate and/or treat condition.	Onclude facility, pro	wider and address)	
30. Identify an persons and enganteering	Waluate allow of treat reliable	Hielade Identi,, F	vider, and address,	
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37. Describe all procedures, medications, therapy,	etc., used/recommended for the	treatment of conditi	ion:	
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		F		

38. Check any of the following consequences resu	Iting from this injury/condition:			
Death. Date of:			Hospitalization for	treatment as an
Restriction of work. Total days of restric	eted activity: as of: _		inpatient.	
Occupational illness. Date of initial diag				s or therapy sessions.
Instructions to obtain prescription medica		edication.	Loss of consciousn	iess.
	tual days absent from work:			
Medical treatment. This includes any me	-		en or should have been given.	renordless of
who provided the treatment. "First Aid" t	treatment is limited to very simp!	le procedures, e.g., ε	application of a bandaid on min	or scratches,
cuts, abrasions, etc.		•	11	,
Transfer to another job or termination of				
39. If any of the above consequences occurred, the	injury/condition is almost alway	ys reportable to FRA	on Form FRA F 6180.55a. If	
does not meet the reporting criteria, you must give	a brief explanation below of the	basis for this decision	on. Was the case reported?	Yes 🗌 No 🗎
		M		
		-		
	100000000000000000000000000000000000000			
40. Has this employee been provided an opportunit	tv to review his or her file?	Yes 🔲	No 🗆	
41. Preparer's Name	42. Preparer's Title		43. Telephone Number	44. Date
	12. I repaire a rese		100 phono 110 hoo	144. Dato

RAILROAD EMPLOYEE INJURY AND/OR ILLNESS RECORD **DEPARTMENT OF TRANSPORTATION** FEDERAL RAILROAD ADMINISTRATION (FRA) OMB Approval No.: 2130-0500 2. Case/Incident Number 1. Railroad EMPLOYEE INFORMATION 7. Date Hired 6. Social Security Number 3. Last Name, First Name, Middle Initial 4. Date of Birth 5. Sex (M/F) 10. State 11. ZIP 12. Home Telephone No. 9. City HOME 8. Street Address (include Apt. No.) (include area code) ADDRESS: 13. Name of Facility ESTABLISHMENT/ FACILITY WHERE **EMPLOYEE** 16. State 17. ZIP 14. Street Address 15. City NORMALLY REPORTS: 18. Job Title 19. Department Assigned To ACTIVITY/INCIDENT/EXPOSURE DESCRIPTION LOCATION WHERE 20. Specific Site ACCIDENT/ INCIDENT/ 24. ZIP 21. City 22. County 23. State **EXPOSURE** OCCURRED: 26. Date of Occurrence 27. Time Shift Began 28. Time of Occurrence 29. Was person on duty? 25. Is this on your premises? AM AM Yes No PM Yes 🗌 No 🖺 PM Time that Employee Notified Company Personnel of Condition **COMPANY** 30. Date that Employee Notified Company Personnel of Condition AM 32. Person Notified NOTIFICATION: PM 33. Describe the general activity this person was engaged in prior to injury/illness. 34. Describe all factors associated with this case that are pertinent to an understanding of how it occurred. Include a discussion of the sequence of events leading up to it, and the tools, machinery, processes, material, environmental conditions, etc., involved.

	INJURY/CONDITION	INFORMATION		
35. Describe in detail the injury/condition that this of last occurrence.	s person sustained. Include a discu	assion of the body	parts affected. If this is a recur	Tence, list date
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36. Identify all persons and organizations used to	evaluate and/or treat condition. (II	nclude facility, pro	vider, and address)	
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37. Describe all procedures, medications, therapy,	etc., used/recommended for the tr	eatment of conditi	on:	
				A A A A A A A A A A A A A A A A A A A
38. Check any of the following consequences rest	alting from this injury/condition:			
Death. Date of:			Hospitalization for	treatment as an
Restriction of work. Total days of restri	cted activity: as of:		inpatient.	
Occupational illness. Date of initial diag				s or therapy sessions.
Instructions to obtain prescription medical		dication.	Loss of consciousn	ess.
Missed a day of work or next shift. Ad		as of:		
Medical treatment. This includes any me who provided the treatment. "First Aid" cuts, abrasions, etc.	edical care or treatment beyond "fi treatment is limited to very simple	rst aid" that is give procedures, e.g., a	en, or should have been given, application of a bandaid on min	regardless of or scratches,
Transfer to another job or termination of	employment.			
39. If any of the above consequences occurred, the does not meet the reporting criteria, you must give	e injury/condition is almost always	reportable to FRA	on Form FRA F 6180.55a. If on. Was the case reported?	you believe this case Yes □ No □
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		-		
				· · · · · · · · · · · · · · · · · · ·
40. Has this employee been provided an opportuni	ty to review his or her file?	Yes 🗆	No 🗆	
41. Preparer's Name	42. Preparer's Title		43. Telephone Number	44. Date

FEDERAL RAILROAD ADMINISTRATION (FRA)									OMB Approval No.: 2130-0500
1. Railroad				2. (Case/In	ncident Numb	ber		
EMPLO	OYEE I	NFORM/	TION	ſ					
3. Last Name, First Name, Middle Initial	4. Date	of Birth	5. S	Sex (M/F)	6. S	ocial Security	Numb	er	7. Date Hired
HOME 8. Street Address (include Apt. No.) ADDRESS:	9. City	ity 10. State 11. ZIP				12. Home Telephone No. (include area code)			
ESTABLISHMENT/ 13. Name of Facility FACILITY WHERE			\			L			
EMPLOYEE NORMALLY REPORTS: 14. Street Address		15. City			16.	State	17. ZIP		
18. Job Title	19. Department Assigned To								
ACTIVITY/INCII	DENT/I	EXPOSUE	E DE	SCRIPTI	ON		213.17 2 <u>12</u> 4.		
LOCATION WHERE 20. Specific Site ACCIDENT/ INCIDENT/	************								
EXPOSURE 21. City OCCURRED:	2.	2. County		_	_		23.	State	24. ZIP
25. Is this on your premises? 26. Date of Occurrence 27. Time Shi	ift Begar	n AM PM	2	8. Time of	f Occu	ırrence AN			as person on duty?
COMPANY NOTIFICATION: 30. Date that Employee Notified Company Personnel of Condition Company Personnel of Condition	me that I ompany l	Employee 1 Personnel o	Notified of Cond		M	32. Persor			
33. Describe the general activity this person was engaged in prior to inj	jury/illne	SS.							
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34. Describe all factors associated with this case that are pertinent to an events leading up to it, and the tools, machinery, processes, material, er	n underst nvironm	tanding of lental condi	how it of tions, e	occurred. tc., involv	Included.	de a discussio	n of th	e seque	ence of
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	INJURY/CONDITION I	INFORMATIO	n		
35. Describe in detail the injury/condition that this of last occurrence.	person sustained. Include a discu	assion of the bod	ly parts affect	ed. If this is a recur	rence, list date
		·			
36. Identify all persons and organizations used to e	valuate and/or treat condition. (In	nclude facility, p	rovider, and a	ddress)	
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37. Describe all procedures, medications, therapy,	etc., used/recommended for the tr	reatment of cond	lition:		
					
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38. Check any of the following consequences resu	ulting from this injury/condition:	·			
Death. Date of:	iding from this injury/condition.			Hospitalization for	tractment of an
Restriction of work. Total days of restriction	eted activity: as of:			inpatient.	reaunent as an
Occupational illness. Date of initial diag				•	or therapy sessions.
Instructions to obtain prescription medica		dication.		Loss of consciousne	ess.
l — ´	etual days absent from work:	as of:			
Medical treatment. This includes any me who provided the treatment. "First Aid" to cuts, abrasions, etc.					
Transfer to another job or termination of					
39. If any of the above consequences occurred, the does not meet the reporting criteria, you must give					you believe this case Yes No
-					
40. Has this employee been provided an opportunit	to to savious his or her file?	Yes 🗀	No		
41. Preparer's Name	42. Preparer's Title	162		none Number	44. Date
			10.23.5		

FEDERAL RAILROAD ADMINISTRATION (FRA)						OMB Approval No.: 2130-0500
1. Railroad	2.0	Case/Incident N	lumber			
	EMPLOYE	EE INFORMA	TION			
3. Last Name, First Name, Middle Initial	4.]	Date of Birth	5. Sex (M/F)	6. Social Secu	urity Number	7. Date Hired
HOME 8. Street Address (include Apt. No.) ADDRESS:	9. (City	ity 10. State 11. ZIP			me Telephone No. clude area code)
ESTABLISHMENT/ 13. Name of Facility FACILITY WHERE						
EMPLOYEE NORMALLY REPORTS: 14. Street Address		15. City			16. Sta	ate 17. ZIP
18. Job Title		19. Departme	ent Assigned To		I	
A)	CTIVITY/INCIDEN	T/EXPOSUR	E DESCRIPTI	ON		
LOCATION WHERE 20. Specific Site ACCIDENT/						:
INCIDENT/ EXPOSURE 21. City OCCURRED:		22. County			23. Sta	ate 24. ZIP
25. Is this on your premises? Yes No	ce 27. Time Shift Bo	egan AM	28. Time of	Occurrence	AM 29	Was person on duty? Yes No
COMPANY 30. Date that Employee Notific Company Personnel of Company Pers	ed 31. Time the Compa	nat Employee N iny Personnel o		M 32. Pe	erson Notified	
33. Describe the general activity this person was engage	ged in prior to injury/i	illness.				
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34. Describe all factors associated with this case that a events leading up to it, and the tools, machinery, processing the second seco	re pertinent to an und	lerstanding of h	ow it occurred.	Include a discu	ssion of the se	equence of
events leading up to it, and the tools, machinery, proce	osses, material, enviro	minemai condu	ions, etc., involv	ea.		
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<u>.</u>	INJURY/CONDITION I	NFORMATION		
35. Describe in detail the injury/condition that this p of last occurrence.	xerson sustained. Include a discu	ssion of the body p	parts affected. If this is a recurre	ence, list date
36. Identify all persons and organizations used to eva-	valuate and/or treat condition. (Ir	nclude facility, prov	vider, and address)	
			Appendix and the second	
37. Describe all procedures, medications, therapy, o	etc., used/recommended for the tr	reatment of condition	on:	
38. Check any of the following consequences resul	ting from this injury/condition	\\.		
Death. Date of:	ung from uns mjury/conducti.		Hospitalization for t	reatment as an
Restriction of work. Total days of restric			inpatient. Multiple treatments	or therapy sessions.
Occupational illness. Date of initial diagram Instructions to obtain prescription medical		edication.	Loss of consciousne	
Missed a day of work or next shift. Act Medical treatment. This includes any me	tual days absent from work:	as of:	en or should have been given r	egardless of
who provided the treatment. "First Aid" t cuts, abrasions, etc.				
Transfer to another job or termination of a 39. If any of the above consequences occurred, the		table to FD A	En EDA E 6180 55a If	von haliave this case
does not meet the reporting criteria, you must give	a brief explanation below of the	basis for this decision	on. Was the case reported?	Yes No
A. 18 (18 (18 (18 (18 (18 (18 (18 (18 (18				
40. Has this employee been provided an opportunit		Yes 🗌	No A3 Telephone Number	44. Date
41. Preparer's Name	42. Preparer's Title		43. Telephone Number	44. Date

DEPARTMENT OF TRANSPORTATION

1. Railroad				2. C	ase/I	ncident Numb	ær		OMB Approval No.: 2130-0500
EMPL:	OYEE IT	NFORMA	TION	l					
3. Last Name, First Name, Middle Initial	4. Date	of Birth	5. Sex	(M/F)	6. S	ocial Security	Num	ber	7. Date Hired
HOME 8. Street Address (include Apt. No.) ADDRESS:	9. City		<u> </u>	10.	State	11. ZIP	12.		Celephone No. e area code)
ESTABLISHMENT/ 13. Name of Facility FACILITY WHERE EMPLOYEE 14. Street Address		1.5 City		1			116	Ct-t-	I a an
NORMALLY REPORTS: 14. Street Address		15. City					10	. State	17. ZIP
18. Job Title	19. Department Assigned To								
ACTIVITY/INCI	DENT/E	XPOSUR	E DESC	CRIPTIO	ON				
LOCATION WHERE 20. Specific Site ACCIDENT/					<u> </u>		<u> </u>	<u></u>	<u> Mariani,</u>
INCIDENT/ EXPOSURE 21. City OCCURRED:	22.	. County	·				23	. State	24. ZIP
25. Is this on your premises? Yes No \(\sigma\)	ift Began	AM PM	28.	Time of	Occu	errence AM		29. Wa	as person on duty?
COMPANY NOTIFICATION: 30. Date that Employee Notified Company Personnel of Condition 31. Tir	me that Er ompany Po	mployee Nersonnel of	otified Conditi	ion Pl	<u> </u>	32. Person			
33. Describe the general activity this person was engaged in prior to inj	jury/illnes:	S.							
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				·····	<u> </u>				· · · · · · · · · · · · · · · · · · ·
34. Describe all factors associated with this case that are pertinent to an	understa	nding of h	ow it occ	ourred I	nelue	le a discussion	of th	e segue	nna nf
34. Describe all factors associated with this case that are pertinent to an events leading up to it, and the tools, machinery, processes, material, er	ıvironmen	ıtal conditi	ons, etc.	, involve	d.	ic a discussion	I OI ii.	ic soque.	lice of
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_	INJURY/CONDITION I	NFORMATION		
35. Describe in detail the injury/condition that this pof last occurrence.	person sustained. Include a discu	ission of the body p	arts affected. If this is a recurr	ence, list date
			•• 1 11>	
36. Identify all persons and organizations used to eva-	/aluate and/or treat condition. (II	nclude facility, prov	ider, and address)	
37. Describe all procedures, medications, therapy, e	etc., used/recommended for the tr	reatment of condition	on:	
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38. Check any of the following consequences result	ting from this injury/condition:			
Death. Date of:			Hospitalization for t	reatment as an
Restriction of work. Total days of restric			inpatient. Multiple treatments	or therapy sessions.
Occupational illness. Date of initial diagr Instructions to obtain prescription medicate		edication.	Loss of consciousne	* *
Missed a day of work or next shift. Act	tual days absent from work:	as of:		
Medical treatment. This includes any med who provided the treatment. "First Aid" t	dical care or treatment beyond "fr reatment is limited to very simple	irst aid" that is giver e procedures, e.g., a	n, or should have been given, r pplication of a bandaid on min	egardless of or scratches,
cuts, abrasions, etc. Transfer to another job or termination of e	lormant			
39. If any of the above consequences occurred, the	injury/condition is almost always	s reportable to FRA	on Form FRA F 6180.55a. If	you believe this case
does not meet the reporting criteria, you must give	a brief explanation below of the h	basis for this decision	on. Was the case reported?	Yes 🗌 No 🗎
			A 44 8 10 10 10 10 10 10 10 10 10 10 10 10 10	
40. Has this employee been provided an opportunit 41. Preparer's Name	ty to review his or her file? 42. Preparer's Title	Yes ⊔	No 43. Telephone Number	44. Date
41. 1 Topator's Traine	42. Troparors Trac		is. Telephone Tumber	, <u></u>

DEPARTMENT OF TRANSPORTATION FEDERAL RAILROAD ADMINISTRATION (FRA) OMB Approval No.: 2130-0500 1. Railroad 2. Case/Incident Number EMPLOYEE INFORMATION 3. Last Name, First Name, Middle Initial 4. Date of Birth 5. Sex (M/F) 6. Social Security Number 7. Date Hired HOME 8. Street Address (include Apt. No.) 9. City 10. State 11. ZIP 12. Home Telephone No. ADDRESS: (include area code) 13. Name of Facility ESTABLISHMENT/ **FACILITY WHERE EMPLOYEE** 14. Street Address 15. City 16. State 17. ZIP NORMALLY REPORTS: 18. Job Title 19. Department Assigned To ACTIVITY/INCIDENT/EXPOSURE DESCRIPTION LOCATION WHERE 20. Specific Site ACCIDENT/ INCIDENT/ 21. City 22. County **EXPOSURE** 23. State 24. ZIP OCCURRED: 25. Is this on your premises? 26. Date of Occurrence 27. Time Shift Began AM 28. Time of Occurrence 29. Was person on duty? AM Yes 🔲 No PM PM Yes No **COMPANY** 30. Date that Employee Notified Company Personnel of Condition 31. Time that Employee Notified Company Personnel of Condition AM 32. Person Notified **NOTIFICATION:** PM 33. Describe the general activity this person was engaged in prior to injury/illness. 34. Describe all factors associated with this case that are pertinent to an understanding of how it occurred. Include a discussion of the sequence of events leading up to it, and the tools, machinery, processes, material, environmental conditions, etc., involved.

	INJURY/CONDITION IN	Stratus Rough Library (1995) is a section of any		
35. Describe in detail the injury/condition that this p of last occurrence.	erson sustained. Include a discussi	on of the body parts at	fected. If this is a recurre	nce, list date
36. Identify all persons and organizations used to ev	cluste and/or treat condition. (Incl	ude facility provider a	and address)	
36. Identify all persons and organizations used to ev	aidate and/or treat condition. (mor	ado momij, provider,		
			1	
37. Describe all procedures, medications, therapy, e	tc., used/recommended for the trea	tment of condition:		
		-		
38. Check any of the following consequences resul	ting from this injury/condition:			
Death. Date of:			Hospitalization for t	reatment as an
Restriction of work. Total days of restrict	ted activity: as of:		inpatient.	41
Occupational illness. Date of initial diagr			Multiple treatments	
Instructions to obtain prescription medicate	ion, or receipt of prescription med	cation.	Loss of consciousne	SS.
	ual days absent from work:			
Medical treatment. This includes any med	dical care or treatment beyond "firs	t aid" that is given, or	should have been given, r	egardless of
who provided the treatment. "First Aid" to	reatment is limited to very simple p	rocedures, e.g., applica	ation of a bandaid on time	or scratteries,
Transfer to another job or termination of e	employment.			
39. If any of the above consequences occurred, the	injury/condition is almost always	eportable to FRA on F	orm FRA F 6180.55a. If	you believe this case
does not meet the reporting criteria, you must give	a brief explanation below of the ba	sis for this decision. V	Vas the case reported?	Yes 🗌 No 🗍
	The state of the s			
		<u> </u>		
40. Has this employee been provided an opportunit	ty to review his or her file?	Yes 🔲 1	√o □	
41. Preparer's Name	42. Preparer's Title	43.	Telephone Number	44. Date
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ANNUAL RAILROAD REPORT

OF

DEPARTMENT OF TRANSPORTATIONFEDERAL RAILROAD ADMINISTRATION (FRA)

EMPLOYEE HOURS AND CASUALTIES, BY STATE

OMB Approval No.: 2130-0500

1. Reporting Railroad				2. Alphabetic Code	3. Report Year
4. Establishments Include	ed in this Report		5. Average Employment in Report Year		
6.					
State	Employee Hours	Casualties	State	Employee Hours	Casualties
Alabama			Montana		
Alaska			Nebraska		
Arizona			Nevada		
Arkansas			New Hampshire		
California			New Jersey		
Colorado			New Mexico		
Connecticut			New York		
Delaware			North Carolina		
District of Columbia			North Dakota		
Florida			Ohio		
Georgia			Oklahoma		
Idaho			Oregon		
Illinois			Pennsylvania		
Indiana			Rhode Island		
Iowa			South Carolina		
Kansas			South Dakota		
Kentucky			Tennessee		
Louisiana			Texas		
Maine			Utah		
Maryland			Vermont		
Massachusetts			Virginia		
Michigan			Washington		
Minnesota			West Virginia		
Mississippi			Wisconsin		
Missouri			Wyoming		
7. Total Employee Hours for the Year			8. Total Casualties Dur	ing the Year	
9. Typed Name and Title			10. Signature		11. Date

FRA BATCH CONTROL FOR MAGNETIC MEDIA

OMB	Approval	No.:	2130-05	00

1. N	Name of Reporting Railroad	2. Alphabetic Code	3. Report Mon	th 4. Report Year		
5. Rail Equipment Accident/Incident Report (Form FRA F 6180.54)						
a.	a. Number of records on the tape or diskette					
b.	b. Total equipment damage (Field Number 65, Field Name EQPDMG) for all records submitted					
c.	Total track damage (Field Number 66, Field Name TRI	KDMG) for all records	submitted			
d.	Total number of cars in the consist (the sum of the field EMPTYP1, and CABOOSE1 - Field Numbers 55, 56, all records submitted	s LOADF1, LOADP1, 57, 58, and 59, respect	EMPTYF1, ively) for	***************************************		
6.	Highway-Rail Grade Crossing Accide	nt/Incident Report (F	orm FRA F 618	80.57)		
a.	Number of records on the tape or diskette					
b.	Total vehicle damage (Field Number 47, Field Name V	EHDMG) for all record	ds submitted			
c.	c. Total number of highway-rail crossing users, railroad employees, and passengers on train killed (the sum of fields HR_USER_KD, RR_EMP_KD, and PASS_KD - Field Numbers 62, 64, and 66) for all records submitted					
d.	Total number of highway-rail crossing users (Field Nunrecords submitted	nber 50, Field Name To	OTOCC) for all			
7.	Railroad Injury and Illness S	ummary (Form FRA	F 6180.55)			
a.	Number of records on the tape or diskette					
b.	Total of all train miles (Freight, Passenger, Yard Switch	ung, and Other)				
C.	Railroad worker hours					
d.	Passenger miles operated					
8.	Railroad Injury and Illness Summary (C	Continuation Sheet) (I	orm FRA F 61	80.55a)		
a.	Number of records on the tape or diskette					
b.	Total number of lost work days (Field Number 10, Field submitted	Name DAYSABS) for	r all records			
C.	Total number of days of restricted activity (Field Number for all records submitted	er 11, Field Name DAY	SRES)			
9. N	ame of Reporting Officer (Type or Print)			10. Date		

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